Well Construction Report
WISCONSIN UNIQUE WELL NUMBER LJ719

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707

Form 3300-077A

Property Owner: KASTEN, CHARLES	Phone #
Mailing Address: N5578 FRONTAGE RD	
City: ONALASKA	State: WI / Zip Code: 54603

County	Co. Permit #	Notification #	Completed
La Crosse	W15020		02-12-1998

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
DUANE FRAUENKRON	638	

Address: RT 1 BOX 45
HOKAH MN 55941-9705

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well #	Common Well #	Specific Capacity

3. Well serves 1 # of HOME
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of ONALASKA

Fire # (if avail.)

Street Address or Road Name and Number
N5578 FRONTAGE RD

Subdivision Name	Lot #	Block #
	1	1

Latitude / Longitude in Decimal Degree (DD)	Method Code
43.9229 °N -91.2489 °W	GCD013

SW NW or Govt Lot #	Section	Township	Range
	29	17 N	7 W

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
4	Surface	142

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes Cable-tool Bit 4in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
  Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
Y	SAND GRAVEL	Surface	142

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	ASTM A53 SAWHILL WELDED PE 10 79	Surface	139
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
4	STAINLESS STEEL	139	142

7. Grout or Other Sealing Material
Method

9. Static Water Level
72 ft. below ground surface

10. Pump Test
Pumping level 72 ft. below surface
Pumping at 18 GP M for 3 Hrs.
Pumping Method ?

11. Well Is
16 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?
NEW CONST

13. Constructor / Supervisory Driller	Lic #	Date Signed
DEF		04-01-1998
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
DEF		

4a. Potential Contamination Sources Is the well located in floodplain ? No

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		120	Sewer - Building Sanitary		12
Building Overhang		6	Septic or Holding, or POWTS Tank		105

Comment:

Created On: 09-01-1998 Updated On: 04-30-2020 Review Status: