Well Construction Report
WISCONSIN UNIQUE WELL NUMBER LJ721

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

Form 3300-077A

Property Owner: LINDWIG, JERRY	Phone #
Mailing Address: 2818 LAKESHORE DR	
City: LA CROSSE	State: WI — Zip Code: 54603

County	Co. Permit #	Notification #	Completed
La Crosse	W15007		11-21-1997

Well Constructor (Business Name): DUANE FRAUENKRON	Lic. #: 638
Facility ID # (Public Wells)	
Well Plan Approval #	
Address: RT 1 BOX 45 HOKAH MN 55941-9705	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 CAMPBELL

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)
°N °W

Method Code

SW SW or Govt Lot #	Section	Township	Range
	7	16 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	63

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	63

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	ASTM A53 PE SAWHILL WELDED 10 79	Surface	60
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
4	STAINLESS STEEL	60	63

7. Grout or Other Sealing Material
Method

9. Static Water Level
24 ft. below ground surface

10. Pump Test
Pumping level 24 ft. below surface
Pumping at 15 GP M for 3 Hrs.
Pumping Method ?

11. Well Is
17 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		11-21-1997
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
Building Overhang		7	Collector Sewer - San or Storm		59
			Sewer - Building Sanitary		18

Comment:

Created On: 09-01-1998 Updated On: 09-01-1998 Review Status: