Well Construction Report
WISCONSIN UNIQUE WELL NUMBER OO560

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

Form 3300-077A

Property Owner: SANDAU, STEVE	Phone #
Mailing Address: 2610 LAKESHORE DR	
City: LA CROSSE	State: WI — Zip Code: 54603
County: La Crosse	Co. Permit #: 20515 — Notification # — Completed: 01-29-2002
Well Constructor (Business Name): DUANE E FRAUENKRON	Lic. #: 638 — Facility ID # (Public Wells)
Address: RT 1 BOX 44 HOKAH MN 55941-9705	Well Plan Approval # — Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well # — Specific Capacity

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

NW or Govt Lot #	NW	Section	Township	Range
		18	16 N	7 W

2. Well Type Replacement

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?

Construction Type: Drilled

3. Well serves 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
4	Surface	72

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... — No
- 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	72

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	ASTM A53 10.79 PE BLACK WELDED	Surface	69
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
4	STAINLESS STEEL 10 SLOT	69	72

7. Grout or Other Sealing Material

Method NONE

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface		

9. Static Water Level

42 ft. below ground surface

10. Pump Test

Pumping level 42 ft. below surface

Pumping at 15 GP M for 4 Hrs.

Pumping Method ?

11. Well Is

20 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
DF		02-26-2002
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		12	Downspout/Yard Hydrant		12
Collector Sewer - San or Storm		59	Sewer - Building Sanitary		21

Comment: NO MANUFACTURER OF CASING. DRLR PASSED ON.

Created On: 06-12-2002 Updated On: 06-20-2002 Review Status: