# 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<br>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 CAMPBELL

Fire # (if avail.)

Street Address or Road Name and Number

| Subdivision Name | Lot # | Block # |
|---|---|---|
| | | |

| Latitude / Longitude in Decimal Degree (DD) | | Method Code |
|---|---|---|
| °N | °W | |

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

**2. Well Type** Replacement
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 | 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: