Well Construction Report
WISCONSIN UNIQUE WELL NUMBER QR477

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: ROCK, GARY		Phone #: (608)781-1862
Mailing Address: N5822 LAKEVIEW CT W		
City: ONALASKA	State: WI	Zip Code: 54650

County	Co. Permit #	Notification #	Completed
La Crosse	20502		07-01-2002

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

Address: RT 1 BOX 44, HOKAH MN 55941-9705

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well # | Specific Capacity

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location

Fire # (if avail.): N5822

Town of ONALASKA

Street Address or Road Name and Number: LAKEVIEW CT W

Subdivision Name | Lot # | Block #

Latitude / Longitude in Decimal Degree (DD): 43.9312 °N -91.3023 °W

Method Code: GCD013

NE SW or Govt Lot #	Section	Township	Range
	23	17 N	8 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

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes / No — Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia

6. Casing, Liner, Screen — Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4		Surface	73

Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
4	3 FT SCREEN	73	76

7. Grout or Other Sealing Material

Method

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

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
-	-	Y	-	PROBABLY S&G	Surface	76

9. Static Water Level

_____ ft. _____ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

17 in. above grade

Developed ?

Disinfected ?

Capped ?

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
DF		
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ?

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		75

Type	Qualifier	Distance
Building Overhang		6
Septic or Holding, or POWTS Tank		38

Comment: WCR PREPARED BY PEARL A. WHISTLER, DNR WATER SUPPLY, BASED ON DATA PROVIDED FOR THE LACROSSE CO WELL PERMIT & PUMP INSTALLER RECORDS (DAVE RAHN).

Created On: 12-03-2002 Updated On: 04-30-2020 Review Status: