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

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 ONALASKA					Fire # (if avail.): N5822
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: 23	Township: 17 N	Range: 8 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

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

Upper Enlarged Drillhole		Lower Open Bedrock
	Rotary - Mud Circulation	
	Rotary - Air	
	Rotary - Air & Foam	
	Drill-Through Casing Hammer	
	Reverse Rotary	
Yes	Cable-tool Bit ____in. dia...	No
	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: