Well Construction Report
WISCONSIN UNIQUE WELL NUMBER QR478

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

Form 3300-077A

Property Owner: TOLOKKEN, RALPH			Phone #: (608)783-0072
Mailing Address: 1932 LA CRESENT CT			
City: LA CROSSE	State: WI	Zip Code: 54603	
County: La Crosse	Co. Permit #: 19397	Notification #	Completed: 12-10-2001

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.): 1932
Street Address or Road Name and Number: LA CRESCENT CT				
Subdivision Name: T.P. # 4-600-12			Lot #	Block #
Latitude / Longitude in Decimal Degree (DD): 43.8558 °N -91.264 °W				Method Code: GCD013
SE SW or Govt Lot #	Section: 18	Township: 16 N	Range: 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
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
- 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	63
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
4	3 FT	63	66

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	66

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
20 in. above grade
Developed ?
Disinfected ?
Capped ?

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? Yes

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	Type	Qualifier	Distance
Building Overhang		7	Downspout/Yard Hydrant		10

Comment: INFORMATION OBTAINED FROM COUNTY PERMIT & PUMP INSTALLER; PREPARED BY PEARL WHISTLER, DNR WATER SUPPLY.

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