# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* SH617

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

Form 3300-077A

| | |
|---|---|
| Property Owner: KRUESER, DENNIS | Phone # |
| Mailing Address: N4953 OAKVIEW DR | |
| City: WEST SALEM | State: WI — Zip Code: 54669 |

| County | Co. Permit # | Notification # | Completed |
|---|---|---|---|
| La Crosse | 24440 | | 09-22-2004 |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| SYLVESTER R HAUPT | 489 | |

Address: HAUPT WELL DRLG, AUBURNDALE WI 54412

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well # | Specific Capacity: 0.5

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

**1. Well Location**

| Town of HAMILTON | Fire # (if avail.): N4953 |
|---|---|

Street Address or Road Name and Number

| Subdivision Name | Lot # | Block # |
|---|---|---|
| BRAIRCLIFF ADD | 22 | |

| Latitude / Longitude in Decimal Degree (DD) | Method Code |
|---|---|
| 43.9 °N -91.1361 °W | GCD013 |

| SE SE or Govt Lot # | Section | Township | Range |
|---|---|---|---|
| | 31 | 17 N | 6 W |

**2. Well Type** New Well
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.) |
|---|---|---|
| 10 | Surface | 4 |
| 8 | 4 | 124 |
| 6 | 124 | 155 |

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Yes — Rotary - Air ..... — No
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Yes — Temp. Outer Casing 10in. dia
  Removed? ____depth ft. (If NO explain on back side)

**8. Geology**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| - | - | I | - | TOPSOIL | Surface | 1 |
| - | - | C | - | CLAY | 1 | 11 |
| - | - | N | - | SANDSTONE | 11 | 147 |
| U | - | H | - | BLUE SHALE | 147 | 155 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | ASTM A53B 280 WALL WELDED US SAWHILL | Surface | 127 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**7. Grout or Other Sealing Material**

Method PACKER PRESSURE

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| NEAT CEMENT | Surface | 127 | 18 S |

**9. Static Water Level**
93 ft. below ground surface

**10. Pump Test**
Pumping level 121 ft. below surface
Pumping at 15 GP M for 1 Hrs.
Pumping Method ?

**11. Well Is**
30 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

**12.** Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| SH | | 09-27-2004 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| TP | | |

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

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| POWTS dispersal component (soil absorption unit or mound) | | 120 | Building Overhang | | 19 |
| | | | Septic or Holding, or POWTS Tank | | 90 |

Comment:

Created On: 11-03-2004 Updated On: 04-30-2020 Review Status: