Well Construction Report
WISCONSIN UNIQUE WELL NUMBER UO919

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

Form 3300-077A

Property Owner: URBANEK, PAUL	Phone #
Mailing Address: 2725 DEL RAY AVE	
City: LA CROSSE	State: WI — Zip Code: 54603

County	Co. Permit #	Notification #	Completed
La Crosse	29170	30526397	08-29-2008

Well Constructor (Business Name): RANDY C STUHR	Lic. #: 58	Facility ID # (Public Wells)
Address: MEDARY DRILLING CO HOLMEN WI 54636		Well Plan Approval #
		Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well #	Specific Capacity: 0.8

3. Well serves 1 # of
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
2725 DEL RAY AVE

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
43.8708 °N -91.266 °W	GCD013

SW SW or Govt Lot #	Section	Township	Range
	7	16 N	7 W

2. Well Type Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
WATER SUPPLY

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
4	Surface	66

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	66

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	ASTM-A53 T&C 237 WALL 11.00#/FT IPSCO PIPE	Surface	63
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
3	STAINLESS STEEL 10 SLOT	63	66

7. Grout or Other Sealing Material
Method

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

9. Static Water Level
29 ft. below ground surface

10. Pump Test
Pumping level 42 ft. below surface
Pumping at 10 GP for 2 Hrs.
Pumping Method ?

11. Well Is
12 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
RCS		09-03-2008
Drill Rig Operator	Lic or Reg #	Date Signed
MI		

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Drain - Sanitary		20	Collector Sewer - San or Storm		70
Building Overhang		8	Sewer - Building Sanitary		20

Comment:

Created On: 09-29-2008 Updated On: 04-30-2020 Review Status: