

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ZV169		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A							
Property Owner MAYO CLINIC HEALTH SYSTEMS						Phone # (612)964-6197		1. Well Location				Fire # (if avail.)					
Mailing Address 700 WEST AVE S						City of LA CROSSE						Street Address or Road Name and Number 700 WEST AVE S					
City LA CROSSE				State WI		Zip Code 54601											
County La Crosse		Co. Permit # 8765414701		Notification # 9029419901		Completed 05-10-2022		Subdivision Name				Lot #		Block #			
Well Constructor (Business Name) TRAUT MARK J WELLS INC				Lic. # 5912		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 43.80355 °N -91.24014 °W				Method Code GPS008			
Address 32640 COUNTY RD 133 SAINT JOSEPH MN 56374				Well Plan Approval #		NE NW		Section 5		Township 15 N		Range 7 W					
				Approval Date (mm-dd-yyyy)		or Govt Lot #		5		15 N		7 W					
Hicap Permanent Well #				Common Well #		Specific Capacity 15				2. Well Type New Well of previous unique well # constructed in Reason for replaced or reconstructed well ? Construction Type Drilled							
3. Well serves 0 # of TEST WELL				Hicap Well ? No													
Private, potable Test Well				Hicap Property ? No													
Heat Exchange ___ # of drillholes				Hicap Potable ? No		4. Potential Contamination Sources - ON REVERSE SIDE											
5. Drillhole Dimensions and Construction Method																	
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		8. Geology		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)	
8		Surface		166		Yes Rotary - Mud Circulation		No		T S F		T-TAN/BROWN S-SOFT/LOOSE F-FILL		Surface		5	
						No Rotary - Air		No		T S S		T-TAN/BROWN S-SOFT/LOOSE S-SAND		5		20	
						No Rotary - Air & Foam		No		G H H		G-GRAY H-HARD/FIRM H-SHALE		20		40	
						No Drill-Through Casing Hammer				T S S		T-TAN/BROWN S-SOFT/LOOSE S-SAND		40		68	
						No Reverse Rotary				T S Y		T-TAN/BROWN S-SOFT/LOOSE Y-SAND & GRAVEL		68		166	
						No Cable-tool Bit ___ in. dia...		No		T S S		T-TAN/BROWN S-SOFT/LOOSE S-SAND		166		166	
						No Dual Rotary		No									
						No Temp. Outer Casing ___ in. dia											
						No Removed? ___ depth ft. (If NO explain on back side)											
6. Casing, Liner, Screen																	
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)									
4		SCH 40 PVC, 2.1LBS/FT, ASTM F480, BELLED AND GLUED ENDS				Surface		146									
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)									
4		CONTINUOUS SLOT STAINLESS STEEL 30 SLOT				146		166									
7. Grout or Other Sealing Material																	
Method DRILLING MUD AND CUTTINGS																	

9. Static Water Level

41 ft. below ground surface

11. Well Is_____ in.
_____ Grade**10. Pump Test**

Pumping level 42 ft. below surface

Pumping at 15 GP M for 1 Hrs.

Pumping Method ? Test Pump

Developed ? Yes

Disinfected ? No

Capped ? No

12. Notified Owner of need to fill & seal ?

Yes

Filled & Sealed Well(s) as needed?

Yes

13. Constructor / Supervisory Driller

Lic #

Date Signed

MJT

5911

05-10-2022

Drill Rig Operator

Lic or Reg #

Date Signed

PS

7335

05-10-2022

4a. Potential Contamination SourcesIs the well located in floodplain ? No**Comment:**

ORIGINALLY BOUGHT NOTIFICATION AS A HEAT EXCHANGER #8765414701. BUT SYSTEM WOULD NOT ALLOW IT SO PURCHASED NEW WELL CONSTRUCTION NOTIFICATION #9029419901.

WELL WAS USED AS A TEST WELL. INSTALLED 4" CASING WITH 20' OF STAINLESS STEEL SCREEN. DEVELOPED AND TEST PUMPED. PULLED WELL AND SEALED BORE HOLE.

TALKED WITH SARA FRY ON 6-28-23.

Abandonment Type	Abandonment Date	Procedure	Reason
	05/11/2022	14 SACKS BENTONITE CHIPS 0-166 FT	TEST WELL

Created On: 12-19-2022

Updated On: 09-08-2023

Review Status: APPROVED