# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* 8FQ313

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: CHARLES KESHEMBERG | | | Phone # |
| Mailing Address: 1806 MAPLE ROAD | | | |
| City: GRAFTON | State: WI | Zip Code | |
| County: Ozaukee | Co. Permit # | Notification # | Completed: 08-28-1978 |

**1. Well Location**

Town of CEDARBURG

Fire # (if avail.): 2408

Street Address or Road Name and Number: SPRING HILL DRIVE

| Subdivision Name | Lot # | Block # |
|---|---|---|
| | | |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| ROBERT DEMERATH | | |

Latitude / Longitude in Decimal Degree (DD): °N °W

Method Code:

Well Plan Approval #:

Address:

Approval Date (mm-dd-yyyy):

| NE | NW | or Govt Lot # | Section | Township | Range |
|---|---|---|---|---|---|
| | | | 6 | 10 N | 21 E |

**2. Well Type** New Well

of previous unique well # constructed in

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | 1.3 |

Reason for replaced or reconstructed well ?

**3. Well serves** # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

Construction Type

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 10 | Surface | 20 |
| 6 | 20 | 200 |

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
Removed? ____depth ft. (If NO explain on back side)

**8. Geology**

| Geology Codes | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|
| C | Clay | Surface | 55 |
| G | Gravel | 55 | 62 |
| L | Limestone | 62 | 200 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | Steel | Surface | 62 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**

45 ft. _____ ground surface

**10. Pump Test**

Pumping level 60 ft. below surface

Pumping at 20 GP for 8 Hrs.

Pumping Method ?

**11. Well Is**

10 in. above grade

Developed ?

Disinfected ?

Capped ?

**7. Grout or Other Sealing Material**

Method

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| Drilling Mud and Cuttings | Surface | 20 | |

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

Filled & Sealed Well(s) as needed?

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| | | |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| | | |

**4a. Potential Contamination Sources** Is the well located in floodplain ?

Comment:

Created On: 01-01-1960 Updated On: 10-15-2026 Review Status: