Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FQ315

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

Form 3300-077A

Property Owner: DALE ENGEL			Phone #
Mailing Address: 245 WILLIAMSBURG DRIVE			
City: THIENSVILLE	State: WI	Zip Code	
County: Ozaukee	Co. Permit #	Notification #	Completed: 07-18-1979

Well Constructor (Business Name): ROBERT DEMERATH	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 1	

1. Well Location

Town of CEDARBURG				Fire # (if avail.): 2420
Street Address or Road Name and Number: SPRING HILL DRIVE				
Subdivision Name			Lot #	Block #
Latitude / Longitude in Decimal Degree (DD) °N °W				Method Code
NE NW or Govt Lot #	Section: 6	Township: 10 N	Range: 21 E	

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
Construction Type

3. Well serves # of Home
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	20
6	20	205

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.)
G	Gravel	Surface	20
C	Clay	20	65
P	Hardpan	65	94
L	Limestone	94	205

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	94
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
40 ft. _____ ground surface

10. Pump Test
Pumping level 55 ft. below surface
Pumping at 15 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: