

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				AAK526		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A												
Property Owner DEBAUCHE,MAYA						Phone #		1. Well Location				Fire # (if avail.)										
Mailing Address 2514 COUNTY U						Town of STURGEON BAY						2514										
City STURGEON BAY						State WY		Zip Code 54235				Street Address or Road Name and Number										
County						Co. Permit #		Notification #				Completed										
Door						8499298201		08-13-2021				Subdivision Name										
Well Constructor (Business Name)						Lic. #		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)										
EUCLIDE, MARK E						5905		44.7922 °N -87.3552 °W				Method Code										
Address EUCLIDE WELL DRILLING INC 2496 STONE RD STURGEON BAY WI 54235						Well Plan Approval #		SW SW		Section 21		Township 27 N										
Approval Date (mm-dd-yyyy)						Range 26 E		2. Well Type Replacement				of previous unique well #										
Hicap Permanent Well #						Common Well #		Specific Capacity				Reason for replaced or reconstructed well ?										
Heat Exchange ___ # of drillholes						Hicap Well ? No		Hicap Property ? No				4" CASING										
Hicap Potable ? No						Construction Type Drilled																
4. Potential Contamination Sources - ON REVERSE SIDE																						
5. Drillhole Dimensions and Construction Method												8. Geology										
Dia. (in.)			From (ft.)			To (ft.)			Upper Enlarged Drillhole			Lower Open Bedrock			Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)	
10			Surface			38			Yes Rotary - Mud Circulation			No			T Z		T-TAN/BROWN Z-CLAY & GRAVEL		Surface		38	
8			38			103			Yes Rotary - Air			No			G L		G-GRAY L- LIMESTONE/DOLOMITE		38		242	
6			103			242			No Rotary - Air & Foam			No										
									No Drill-Through Casing Hammer													
									No Reverse Rotary													
									No Cable-tool Bit ___ in. dia...			No										
									No Dual Rotary			No										
									No Temp. Outer Casing ___ in. dia													
									No Removed? ___ depth ft. (If NO explain on back side)													
6. Casing, Liner, Screen												9. Static Water Level				11. Well Is						
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		60 ft. below ground surface				20 in. above grade								
6		NEW BLACK STEEL P E WT 18.97 ASTM A53B ISPCO WELDED JOINT				Surface		105		10. Pump Test				Developed ? Yes								
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 160 ft. below surface				Disinfected ? Yes								
										Pumping at 20 GP M for 1 Hrs.				Capped ? Yes								
										Pumping Method ? Airlift												
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ? No										
Method BRADENHEAD																						
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement				Filled & Sealed Well(s) as needed? Yes										
NEAT CEMENT GROUT				Surface		100		32 S														
												13. Constructor / Supervisory Driller				Lic #		Date Signed				
												ME				5905		10-27-2021				
												Drill Rig Operator				Lic or Reg #		Date Signed				
												RE				7340		10-27-2021				

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

Type	Qualifier	Distance
Septic or Holding, or POWTS Tank		40

Comment:

Created On: 08-12-2021

Updated On: 03-03-2022

Review Status: APPROVED