Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ACI980

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: JORGENSON, KELLY AND KATIE		Phone #	
Mailing Address: 1228 SUNNY CREEK DR			
City: GREEN BAY	State: WI	Zip Code: 54313	
County: Marinette	Co. Permit #:	Notification #: 10026396602	Completed: 12-10-2025

1. Well Location

Town of ATHELSTANE

Fire # (if avail.): N11521

Street Address or Road Name and Number: PARKWAY RD

Subdivision Name | Lot # | Block #

Well Constructor (Business Name): T & T WELL DRILLING & PUMP SERVICE	Lic. #: 6571	Facility ID # (Public Wells)	
Address: PO BOX 22 LAKEWOOD WI 54138		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 0	

Latitude / Longitude in Decimal Degree (DD): 45.3817 °N -88.2649 °W

Method Code: SCR002

SE	NE	Section	Township	Range
or Govt Lot #		32	34 N	18 E

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

3. Well serves 1 # of CABIN

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ? No

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
8.75	Surface	40
6	40	241

Upper Enlarged Drillhole		Lower Open Bedrock
Yes	Rotary - Mud Circulation	Yes
Yes	Rotary - Air	Yes
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)	

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		S		S-SAND	Surface	15
		Y		Y-SAND & GRAVEL	15	19
		Q		Q-GRANITE	19	241

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	A-53 GRADE B WHEATLAND WELDED 18.97	Surface	40
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

15 ft. below ground surface

10. Pump Test

Pumping level 220 ft. below surface

Pumping at 4 GP M for 2 Hrs.

Pumping Method ? Test Pump

11. Well Is

18 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method: TREMIE PIPE - PUMPED

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
NEAT CEMENT GROUT	Surface	40	4 S

12. Notified Owner of need to fill & seal ? No

Filled & Sealed Well(s) as needed? No

13. Constructor / Supervisory Driller	Lic #	Date Signed
TM	6220	12-30-2025
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
MB	8359	12-30-2025

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS treatment component (septic tanks, aerobic treatment units or filters)		50	POWTS dispersal component (soil absorption unit or mound)		76

Comment: THIS IS A SUMMER CABIN. IT IS WINTERIZED AND UNOCCUPIEDED UNTILL SPRING. WATER SAMPLES WILL BE TAKEN IN THE SPRING BEFORE IT IS USED.

Rehab Type	Rehab Date	Result Text
Hydrofracture	12/10/2025	0 BEFORE 4 AFTER

Created On: 10-10-2025 Updated On: 01-27-2026 Review Status: APPROVED