# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* ACL824

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

Form 3300-077A

| | |
|---|---|
| Property Owner: HERITAGE HILL NURSERY | Phone # |
| Mailing Address: 10801 PLEASANT VALLEY RD. | |
| City: CEDARBURG | State: WI / Zip Code: 53012 |
| County: Ozaukee | Co. Permit #: / Notification #: 10057267101 / Completed: 02-20-2026 |

**1. Well Location**

Town of CEDARBURG

Fire # (if avail.)

Street Address or Road Name and Number: 10801 PLEASANT VALLEY ROAD

Subdivision Name / Lot # / Block #

43.35048471997764, -88.04582545638513

| | |
|---|---|
| Well Constructor (Business Name): GROTH WATER WELLS INC | Lic. #: 639 |
| Facility ID # (Public Wells) | |
| Well Plan Approval # | |
| Address: W69 N949 WASHINGTON AVE CEDARBURG WI 53012 | |
| Approval Date (mm-dd-yyyy) | |
| Hicap Permanent Well # | Common Well # |
| Specific Capacity: 0 | |

Latitude / Longitude in Decimal Degree (DD): 43.35048 °N -88.04583 °W

Method Code: SCR002

| NE | NE | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 7 | 10 N | 21 E |

**2. Well Type** New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

**3. Well serves** 1 # of NURSERY

Private,potable Drillhole

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 | Surface | 50 |
| 6 | 50 | 305 |

| Upper Enlarged Drillhole | | Lower Open Bedrock |
|---|---|---|
| Yes | Rotary - Mud Circulation ..... | Yes |
| No | Rotary - Air ..... | No |
| 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.) |
|---|---|---|---|---|---|---|
| Y | | H | S | Y-YELLOW H-SHALE S-SANDY | Surface | 32 |
| I | | L | | I-WHITE L-LIMESTONE/DOLOMITE | 32 | 80 |
| I | W | L | | I-WHITE W-WATER BEARING L-LIMESTONE/DOLOMITE | 80 | 305 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | 18.97# ASTM A-53 NUCOR P.E. | Surface | 50 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**7. Grout or Other Sealing Material**

Method HALLIBURTON (SINGLE PLUG)

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| NEAT CEMENT GROUT | Surface | 50 | 7 S |

| 9. Static Water Level | 11. Well Is |
|---|---|
| 9 ft. below ground surface | 24 in. above grade |
| **10. Pump Test** | Developed ? Yes |
| Pumping level 80 ft. below surface | Disinfected ? Yes |
| Pumping at 37 GP M for 2 Hrs. | Capped ? Yes |
| Pumping Method ? Airlift | |

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

Filled & Sealed Well(s) as needed? No

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| JJG | 8682 | 04-06-2026 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

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

Comment:

Created On: 02-23-2026 Updated On: 04-29-2026 Review Status: APPROVED