

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACM098		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner JENNUFER BORCH					Phone #		1. Well Location				Fire # (if avail.)										
Mailing Address 16615 LOUIS LN					Town of BROOKFIELD																
City BROOKFIELD					State WI		Zip Code 53005		Street Address or Road Name and Number 16615 LOUIS LN												
County Waukesha		Co. Permit #		Notification # 10162644501		Completed 03-06-2026		Subdivision Name			Lot #		Block #								
Well Constructor (Business Name) KRIZAN, KENNETH J				Lic. # 6519		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 43.0323 °N -88.1196 °W			Method Code GPS008								
Address 23900 W OVERSON RD UNION GROVE WI 53182-9659				Well Plan Approval #		SE SW		Section 27		Township 7 N		Range 20 E									
				Approval Date (mm-dd-yyyy)		or Govt Lot #															
Hicap Permanent Well #		Common Well #		Specific Capacity 0.5		2. Well Type Replacement of previous unique well # constructed in Reason for replaced or reconstructed well ? PUMP STUCK IN WELL															
3. Well serves 1 # of HOME Private, potable Heat Exchange ___ # of drillholes				Hicap Well ? No Hicap Property ? No Hicap Potable ? No																	
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method																					
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)					
6		Surface		97		No Rotary - Mud Circulation		No		Y		C		Y-YELLOW C-CLAY		Surface		10			
						No Rotary - Air		No		U		C		U-BLUE C-CLAY		10		40			
						No Rotary - Air & Foam		No		U		Z		U-BLUE Z-CLAY & GRAVEL		40		85			
						Yes Drill-Through Casing Hammer						Y		Y-SAND & GRAVEL		85		92			
						No Reverse Rotary						L		L-LIMESTONE/DOLOMITE		92		97			
						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.)		22 ft. below ground surface				16 in. above grade							
6		NUCORE ASTM A 53B 6.625X.280 FULL 20 WELDED				Surface		97		10. Pump Test Pumping level 80 ft. below surface Pumping at 20 GP M for 1 Hrs. Pumping Method ? Airlift				Developed ? Yes Disinfected ? Yes Capped ? Yes							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)													
7. Grout or Other Sealing Material Method MOUNDED														12. Notified Owner of need to fill & seal ? Yes WELL WILL BE SEALED BY AQUA WELL AND PUMP Filled & Sealed Well(s) as needed? Yes WELL WILL BE SEALED BY AQUA WELL AND PUMP							
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		13. Constructor / Supervisory Driller						Lic #		Date Signed			
GRANULAR BENTONITE				Surface		97				KK						6519		03-09-2026			
										Drill Rig Operator						Lic or Reg #		Date Signed			

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 03-09-2026

Updated On: 04-08-2026

Review Status: APPROVED