

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACM371		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner VRANY, DAVID						Phone #		1. Well Location				Fire # (if avail.)									
Mailing Address 1112 N WESTSHORE DR								Village of SUMMIT													
City OCONOMOWOC						State WI		Zip Code 53066				Street Address or Road Name and Number 1112 N WESTSHORE DR									
County Waukesha		Co. Permit #		Notification # 10190574401		Completed 03-26-2026		Subdivision Name				Lot # Block #									
Well Constructor (Business Name) ROSCHI BROS WELL DRLG & PUMP INC				Lic. # 435		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 43.0465 °N -88.4845 °W											
Address N10W28210 NORTHVIEW RD WAUKESHA WI 53188-9401				Well Plan Approval #		NE NE		Section 28		Township 7 N		Method Code GPS008									
				Approval Date (mm-dd-yyyy)		Range 17 E															
Hicap Permanent Well #		Common Well #		Specific Capacity 2.7		2. Well Type New Well				of previous unique well # constructed in											
3. Well serves 1 # of HOME				Hicap Well ? No		Reason for replaced or reconstructed well ?															
Private, potable				Hicap Property ? No																	
Heat Exchange ___ # of drillholes				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.)			
6		Surface		304		<u>No</u> Rotary - Mud Circulation <u>No</u> <u>No</u> Rotary - Air <u>No</u> <u>No</u> Rotary - Air & Foam <u>No</u> <u>Yes</u> Drill-Through Casing Hammer <u>No</u> Reverse Rotary <u>No</u> Cable-tool Bit ___ in. dia... <u>No</u> <u>No</u> Dual Rotary <u>No</u> <u>No</u> Temp. Outer Casing ___ in. dia <u>No</u> Removed? ___ depth ft. (If NO explain on back side)								Y C		Y-SAND & GRAVEL C-CLAYEY		Surface		12	
												Y		Y-SAND & GRAVEL		12		19			
										G A S		G-GRAY A-COARSE S-SAND		19		22					
										G F S		G-GRAY F-FRACTURED S-SAND		22		125					
										C		C-CLAY		125		128					
										X		X-SAND & CLAY		128		194					
										C S		C-CLAY S-SANDY		194		298					
										Z		Z-CLAY & GRAVEL		298		300					
										Y		Y-SAND & GRAVEL		300		304					
6. Casing, Liner, Screen																					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)													
6		BLACK STEEL PIPE WELDED JOINTS 18.97LB ASTM A53 1780PSI NUCOR				Surface		304													
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)													
7. Grout or Other Sealing Material																					
Method MOUNDED																					
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement													
GRANULAR BENTONITE				Surface																	

9. Static Water Level

8 ft. below ground surface

10. Pump Test

Pumping level 14 ft. below surface

Pumping at 16 GP M for 3.5 Hrs.

Pumping Method ? Airlift

11. Well Is

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

No

Filled & Sealed Well(s) as needed?

No

13. Constructor / Supervisory Driller

Lic #

Date Signed

TK

6203

03-26-2026

Drill Rig Operator

Lic or Reg #

Date Signed

EK

8767

03-26-2026

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

Type

Qualifier

Distance

Septic or Holding, or POWTS Tank

53

Comment:

Created On: 03-30-2026

Updated On: 04-21-2026

Review Status: APPROVED