

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACM895		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner MAREK, TODD						Phone #		1. Well Location				Fire # (if avail.)							
Mailing Address 918 CTY RD T						Town of HAMMOND						918							
City HAMMOND						State WI		Zip Code 54015				Street Address or Road Name and Number CTY RD T							
County St. Croix		Co. Permit #		Notification # 10198186101		Completed 04-27-2026		Subdivision Name				Lot # Block #							
Well Constructor (Business Name) HOYER BROTHERS WELL DRILLING INC				Lic. # 60		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 44.9957 °N -92.4368 °W		Method Code SCR002							
Address W5077 250TH AVE BAY CITY WI 54723				Well Plan Approval #		SE SE Section Township Range or Govt Lot # 16 29 N 17 W		2. Well Type New Well				of previous unique well # constructed in							
Hicap Permanent Well #		Common Well #		Specific Capacity		Reason for replaced or reconstructed well ?				Construction Type Drilled									
3. Well serves 1 # of HOME						Hicap Well ? No		Private, potable Borehole				Hicap Property ? No							
Heat Exchange ___ # of drillholes						Hicap Potable ? No													
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		145		No Rotary - Mud Circulation		No		T S Y C		T-TAN/BROWN S-SOFT/LOOSE Y-SAND & GRAVEL C-CLAYEY		Surface		62			
6		145		187		No Rotary - Air		No		T S N N		T-TAN/BROWN S-SOFT/LOOSE N-SANDSTONE N-W/SANDSTONE		62		100			
						No Rotary - Air & Foam		Yes		T M L L		T-TAN/BROWN M-MEDIUM L-LIMESTONE/DOLOMITE L-LIMEY OR DOLOMITIC		100		187			
						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.)		90 ft. below ground surface				12 in. above grade					
6		STEEL, 19.45,A53B,SHC40,IPSCO, T&C				Surface		62		10. Pump Test				Developed ? Yes					
4		STEEL,11.00, A53 SCH 40 IPSCO				40		145		Pumping level 90 ft. below surface				Disinfected ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping at 12 GP M for 2 Hrs.				Capped ? Yes					
										Pumping Method ? Test Pump									
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ? No							
Method MOUNDED												Filled & Sealed Well(s) as needed? No							
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		13. Constructor / Supervisory Driller				Lic #		Date Signed			
GRANULAR BENTONITE				Surface		62		2		TH				7287		04-27-2026			
										Drill Rig Operator				Lic or Reg #		Date Signed			
										TH				7287		04-27-2026			

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)	>	55

Comment:

Created On: 04-27-2026

Updated On: 05-26-2026

Review Status: APPROVED