

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACN006		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A							
Property Owner ANDERSON, BILL					Phone # (920)819-4988			1. Well Location				Fire # (if avail.)					
Mailing Address P.O. BOX 430								Town of GIBRALTAR				8518					
City BAILEYS HARBOR					State WI		Zip Code 54202		Street Address or Road Name and Number				CR-A				
County		Co. Permit #		Notification #		Completed		Subdivision Name				Lot #		Block #			
Door				10239343001		04-28-2026											
Well Constructor (Business Name)				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)				Method Code					
WESLOW WATER SYSTEMS INC				6400				45.0846 °N -87.193 °W				GPS008					
Address 1710 FLOWING WELLS CT SUAMICO WI 54173				Well Plan Approval #		SW SW		Section		Township		Range					
				Approval Date (mm-dd-yyyy)		or Govt Lot #		11		30 N		27 E					
Hicap Permanent Well #				Common Well #		Specific Capacity		2. Well Type Replacement				of previous unique well #		constructed in			
						0.7		Reason for replaced or reconstructed well ?				4" WELL					
3. Well serves 1 # of HOME				Hicap Well ?		No		Construction Type				Drilled					
Private, potable				Hicap Property ?		No											
Heat Exchange ___ # of drillholes				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.)	
12		Surface		29		<u>Yes</u> Rotary - Mud Circulation		<u>No</u>		X X G		X- LENSED/STREAKED/LAYERED X-SAND & CLAY G- W/GRAVEL/STONES		Surface		24	
8		29		170		<u>Yes</u> Rotary - Air		<u>Yes</u>									
6		170		202		<u>No</u> Rotary - Air & Foam		<u>No</u>		Z		Z-CLAY & GRAVEL		24		29	
						<u>No</u> Drill-Through Casing Hammer				L		L-LIMESTONE/DOLOMITE		29		202	
						<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>Yes</u> Temp. Outer Casing 8in. dia											
						<u>Yes</u> Removed? 29depth 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.)		40 ft. below ground surface		24 in. above grade					
6		P.E. A53 18.97# NUCOR WELDED				Surface		170		10. Pump Test		Developed ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 100 ft. below surface		Disinfected ? Yes					
										Pumping at 40 GP M for 1 Hrs.		Capped ? Yes					
										Pumping Method ? Airlift							
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ?		No	
Method BRADENHEAD																	
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		Filled & Sealed Well(s) as needed?		Yes					
NEAT CEMENT GROUT				Surface		170		35 S									
13. Constructor / Supervisory Driller														Lic #		Date Signed	
A.W.														6172		04-30-2026	
Drill Rig Operator														Lic or Reg #		Date Signed	
C.W.														9399		04-30-2026	

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS treatment component (septic tanks, aerobic treatment units or filters)		40	POWTS dispersal component (soil absorption unit or mound)		65

Comment:

Created On: 04-30-2026

Updated On: 05-19-2026

Review Status: APPROVED