# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* AO513

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: SOLKE SKOOG | | | Phone # |
| Mailing Address: 5735 BAYSHORE DR. | | | |
| City: EGG HARBOR | State: WI | Zip Code | |
| County: Door | Co. Permit # | Notification # | Completed: 03-27-1987 |

| | | | |
|---|---|---|---|
| Well Constructor (Business Name): EUCLIDE, HAROLD | Lic. # | Facility ID # (Public Wells) | |
| Address | | Well Plan Approval # | |
| | | Approval Date (mm-dd-yyyy) | |
| Hicap Permanent Well # | Common Well # | Specific Capacity | |

**3. Well serves** # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ?
Hicap Property ?
Hicap Potable ?

**1. Well Location**
Village of

Fire # (if avail.)

Street Address or Road Name and Number: 5735 BAYSHORE DR.

| | | | |
|---|---|---|---|
| Subdivision Name | Lot # | Block # | |
| Latitude / Longitude in Decimal Degree (DD) °N °W | | | Method Code |

| | | | | |
|---|---|---|---|---|
| NE NE or Govt Lot # | Section: 31 | Township: 29 N | Range: 26 E | |

**2. Well Type**
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
- Removed? ____depth ft. (If NO explain on back side)

**8. Geology**

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | | Surface | 135 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**
3 ft. _____ ground surface

**10. Pump Test**
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

**11. Well Is**
_____ in.
_____Grade
Developed ?
Disinfected ?
Capped ?

**7. Grout or Other Sealing Material**
Method

**12.** Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| | | |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

**4a. Potential Contamination Sources** Is the well located in floodplain ?

Comment:

Created On: 12-03-2021 Updated On: 07-21-2024 Review Status: APPROVED

## Note: This well was inventoried. A well construction report was not submitted.

Well Depth: 190' Bedrock Depth: 3'