

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				AP053		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner GILBERT FARM INC.						Phone # (920)743-2804		1. Well Location				Fire # (if avail.)									
Mailing Address COUNTY T						Village of						Street Address or Road Name and Number									
City STURGEON BAY						State WI		Zip Code 54235													
County		Co. Permit #		Notification #		Completed 05-22-1988		Subdivision Name				Lot #		Block #							
Well Constructor (Business Name) JORNS, HARVEY						Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)				Method Code							
Address						Well Plan Approval #		SW		SW		Section 35		Township 28 N		Range 26 E					
								Approval Date (mm-dd-yyyy)						2. Well Type							
Hicap Permanent Well #				Common Well #		Specific Capacity				Reason for replaced or reconstructed well ?											
3. Well serves # of						Hicap Well ?		Construction Type													
Private, potable						Hicap Property ?															
Heat Exchange ___ # of drillholes						Hicap Potable ?															
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method														8. Geology							
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)														9. Static Water Level ___ ft. ___ ground surface				11. Well Is ___ in. ___ Grade Developed ? Disinfected ? Capped ?			
6. Casing, Liner, Screen																					
Dia. (in.)				Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)											
6				Surface				33		10. Pump Test											
Dia. (in.)				Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level ___ ft. below surface									
7. Grout or Other Sealing Material Method								Pumping at ___ GP for ___ Hrs.		Pumping Method ?											
								Pumping 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: 12-04-2021

Review Status: APPROVED

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

Well Depth: 60'

Bedrock Depth: 33'