

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				AP070		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A															
Property Owner ROGER HENSCHEL						Phone # (920)743-6633		1. Well Location				Fire # (if avail.)													
Mailing Address 4926 TOWNLINE						Village of						Street Address or Road Name and Number 4926 TOWNLINE													
City STURGEON BAY				State WI		Zip Code																			
County		Co. Permit #		Notification #		Completed 06-20-1988		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 #		SE		SE		Section 36		Township 29 N		Range 26 E									
								Approval Date (mm-dd-yyyy)						or Govt Lot #		SE		SE		Section 36		Township 29 N		Range 26 E	
Hicap Permanent Well #				Common Well #		Specific Capacity				2. Well Type of previous unique well # constructed in Reason for replaced or reconstructed well ? Construction Type															
3. Well serves # of						Hicap Well ?																			
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)																									
6. Casing, Liner, Screen														9. Static Water Level						11. Well Is					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		____ ft. ____ ground surface						____ in. ____ Grade									
6						Surface		60		10. Pump Test						Developed ?									
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level ____ ft. below surface						Disinfected ?									
										Pumping at ____ GP for ____ Hrs.						Capped ?									
										Pumping Method ?						12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?									
7. Grout or Other Sealing Material Method										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: 60'

Bedrock Depth: 1'