# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* CL961

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: BILL GROSS | | | Phone #: (414)468-4340 |
| Mailing Address: 2887 MAYFLOWER RD | | | |
| City: GREEN BAY | State: WI | Zip Code: 54311 | |
| County: Marinette | Co. Permit #: | Notification #: | Completed: 12-06-1990 |

**1. Well Location**

Town of WAUSAUKEE

Fire # (if avail.):

Street Address or Road Name and Number: NEJEDLO RD

| Subdivision Name | Lot # | Block # |
|---|---|---|
| | | |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| JOHNSON MAURICE | 664 | |

Latitude / Longitude in Decimal Degree (DD): °N °W

Method Code:

Well Plan Approval #:

Address: RT 1 BOX 2A
PEMBINE WI 54156

Approval Date (mm-dd-yyyy):

| SW SW or Govt Lot # | Section: 3 | Township: 33 N | Range: 20 E |
|---|---|---|---|

**2. Well Type** New Well

of previous unique well #: constructed in

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | 0 |

Reason for replaced or reconstructed well ?

**3. Well serves** 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

Construction Type: Drilled

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

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 8 | Surface | 60 |
| 6 | 60 | 360 |

Upper Enlarged Drillhole / Lower Open Bedrock

Yes 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**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| | | C | S | SANDY CLAY | Surface | 60 |
| | | Q | | GRANITE ROCK | 60 | 360 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | VALLEY STEEL .280 W A53 TESTED 1780 | Surface | 60 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**

30 ft. below ground surface

**10. Pump Test**

Pumping level 250 ft. below surface

Pumping at 2 GP for 8 Hrs.

Pumping Method ?

**11. Well Is**

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

**7. Grout or Other Sealing Material**

Method

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| DRILLING MUD | Surface | 60 | |

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

Filled & Sealed Well(s) as needed?

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| MJ | | 12-18-1990 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | 12-18-1990 |

**4a. Potential Contamination Sources** Is the well located in floodplain ? No

| Type | Qualifier | Distance |
|---|---|---|
| Building Overhang | | 40 |

Comment:

Created On: 03-27-1991 Updated On: 10-15-2026 Review Status: