Well Construction Report
WISCONSIN UNIQUE WELL NUMBER CZ372

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

Form 3300-077A

Property Owner: OLIVER TODD	Phone #: (708)827-0497
Mailing Address: 1651 OAKTON ST	
City: DES PLAINES	State: IL — Zip Code: 60018
County: Oconto	Co. Permit #: — Notification #: — Completed: 08-10-1990
Well Constructor (Business Name): GEIGER GERALD V	Lic. #: 5154 — Facility ID # (Public Wells):
Address: P O BOX 54 LAKEWOOD WI 54138	Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #: — Specific Capacity:

1. Well Location

Town of TOWNSEND	Fire # (if avail.): 17973
Street Address or Road Name and Number: 17973 HORN LK RD	
Subdivision Name:	Lot #: — Block #:
Latitude / Longitude in Decimal Degree (DD): 45.3272 °N -88.6387 °W	Method Code: GCD013
SE NE or Govt Lot #:	Section: 20 — Township: 33 N — Range: 15 E

2. Well Type Replacement

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?

NOT ENOUGH WATER

Construction Type: Driven Point

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

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

6. Casing, Liner, Screen — Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	R@D STEEL	Surface	31
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	60 GA MIDWEST POINT	31	34

7. Grout or Other Sealing Material

Method

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
C	CLAY	Surface	12
Y	SAND AND GRAVEL	12	34

9. Static Water Level

25 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at 7 GP for 2 Hrs.

Pumping Method ?

11. Well Is

10 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
JG		08-13-1990
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		3	Sewer - Building Sanitary		10
			Septic or Holding, or POWTS Tank		30

Comment:

Created On: 10-23-1990 Updated On: 11-15-2019 Review Status: