Well Construction Report
WISCONSIN UNIQUE WELL NUMBER DA733

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: BRUCE HELING	Phone #: (414)731-6507
Mailing Address: RT 3 VALLEY VIEW LN	
City: APPLETON	State: WI — Zip Code: 54195
County: Door	Co. Permit #: — Notification #: — Completed: 05-02-1991
Well Constructor (Business Name): HAROLD EUCLIDE	Lic. #: 630 — Facility ID # (Public Wells):
Address: RT 1 2057 CNTY RD N, BRUSSELS WI 54204-9801	Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #: — Specific Capacity: 0.2

1. Well Location
Town of GARDNER
Fire # (if avail.):
Street Address or Road Name and Number:
Subdivision Name: — Lot #: — Block #:
Latitude / Longitude in Decimal Degree (DD): °N °W
Method Code:
NE NE or Govt Lot # — Section: 24 — Township: 27 N — Range: 23 E

2. Well Type Replacement
of previous unique well # — constructed in
Reason for replaced or reconstructed well ?
Construction Type: Drilled

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

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	23
8	23	83
6	83	160

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.)
Z	CLAY @ GRAVEL	Surface	23
H	SHALE	23	160

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	NEW BLACK STEEL P.E. WT. 18.97 A-53 API 5-LSAWHILL	Surface	83
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
10 ft. below ground surface

10. Pump Test
Pumping level 60 ft. below surface
Pumping at 10 GP for 2 Hrs.
Pumping Method ?

11. Well Is
12 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

7. Grout or Other Sealing Material
Method PRESSURE

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
MUD	Surface	6	
CEMENT	6	83	17

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? No
DONE BY OWNER

13. Constructor / Supervisory Driller	Lic #	Date Signed
HE		06-12-1991
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
WD		06-12-1991

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		18	Septic or Holding, or POWTS Tank		26

Comment:

Created On: 11-11-1991 Updated On: 11-11-1991 Review Status: