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: