Well Construction Report
WISCONSIN UNIQUE WELL NUMBER DT182

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

Form 3300-077A

Property Owner: DAVID MARCHAND			Phone #
Mailing Address: 2740 WOODLAND CT			
City: GREEN BAY	State: WI	Zip Code: 54311	
County: Brown	Co. Permit #	Notification #	Completed: 05-14-1992

Well Constructor (Business Name): HEIM, ERVIN J	Lic. #: 551	Facility ID # (Public Wells)	
Address: 4904 CHURCH RD RT 2 NEW FRANKEN WI 54229		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 2.1	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of GREEN BAY

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #

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

NW SE or Govt Lot #	Section: 13	Township: 25 N	Range: 22 E

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
NEW HOME

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	20
6	50	110

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes Cable-tool Bit 10in. 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		CLAY	Surface	57
		S		SAND	57	60
		C	S	CLAY @ SAND	60	90
		P		HARDPAN	90	107
		L		LIMESTONE ROCK	107	110

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	T@C 1945 STEEL PIPE ASTM-A53 SAWHILL	Surface	109
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
SLUSHY CLAY	Surface	20	

9. Static Water Level
1 ft. above ground surface

10. Pump Test
Pumping level 15 ft. below surface
Pumping at 30 GP for 0.25 Hrs.
Pumping Method ?

11. Well Is
24 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
EH		05-14-1992
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
Collector Sewer - San or Storm		55	Sewer - Building Sanitary		25

Comment:

Created On: 06-24-1992 Updated On: 10-15-2026 Review Status: