# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* EQ265

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

| | |
|---|---|
| Property Owner: SCOTT SACOTTE | Phone #: (414)825-7285 |
| Mailing Address: HWY 57 | |
| City: STURGEON BAY | State: WI — Zip Code: 54235 |
| County: Door | Co. Permit #: | Notification #: | Completed: 01-10-1992 |
| Well Constructor (Business Name): EUCLIDE WELL DRILLING | Lic. #: 5860 | Facility ID # (Public Wells): |
| Address: 2596 STONE RD<br>STURGEON BAY WI 54235-9255 | Well Plan Approval #: | Approval Date (mm-dd-yyyy): |
| Hicap Permanent Well #: | Common Well #: | Specific Capacity: 0.5 |

**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 SW or Govt Lot #: | Section: 36 | Township: 27 N | Range: 24 E

**2. Well Type** New Well
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 | 19 |
| 8 | 19 | 170 |
| 6 | 170 | 235 |

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 | 19 |
| L | LIME ROCK | 19 | 235 |

**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 NEWPORT | Surface | 170 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**
18 ft. below ground surface

**10. Pump Test**
Pumping level 40 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 | 170 | 48 |

**12.** Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? No
NONE

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| ME | | 03-16-1992 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| WD | | 03-31-1992 |

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

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| Building Overhang | | 12 | Septic or Holding, or POWTS Tank | | 60 |

Comment:

Created On: 04-27-1992 Updated On: 04-27-1992 Review Status: