

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				FH122		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner WENDALL DEBAKER						Phone #		1. Well Location				Fire # (if avail.)			
Mailing Address 6187 SANDY COVE RD						Town of GREEN BAY						Street Address or Road Name and Number			
City LUXEMBURG				State WI		Zip Code 54217									
County Brown		Co. Permit #		Notification #		Completed 11-24-1992		Subdivision Name				Lot #		Block #	
Well Constructor (Business Name) HAROLD EUCLIDE				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)				Method Code			
Address				Well Plan Approval #		NE SE		Section 13		Township 25 N		Range 22 E			
				Approval Date (mm-dd-yyyy)		or Govt Lot #		13		25 N		22 E			
Hicap Permanent Well #		Common Well #		Specific Capacity		2. Well Type									
3. Well serves # of Private, potable Heat Exchange ____ # of drillholes						Hicap Well ?		of previous unique well # constructed in							
						Hicap Property ?		Reason for replaced or reconstructed well ?							
Heat Exchange ____ # of drillholes						Hicap Potable ?		Construction Type							
						Hicap Potable ?		Construction Type							
4. Potential Contamination Sources - ON REVERSE SIDE															
5. Drillhole Dimensions and Construction Method															
Upper Enlarged Drillhole 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) Lower Open Bedrock															
8. Geology															
6. Casing, Liner, Screen															
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level 20 ft. ____ ground surface					
6		Surface				120									
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		10. Pump Test Pumping level ____ ft. below surface Pumping at ____ GP for ____ Hrs. Pumping Method ?					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)							
7. Grout or Other Sealing Material															
Method															
11. Well Is ____ in. ____ Grade Developed ? Disinfected ? Capped ?															
12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?															
13. Constructor / Supervisory Driller								Lic #		Date Signed					
Drill Rig Operator								Lic or Reg #		Date Signed					

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 12-03-2021

Updated On: 07-11-2023

Review Status: APPROVED

Note: This well was inventoried. A well construction report was not submitted.

Well Depth: 145'

Bedrock Depth: 120'