# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* HM344

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

Form 3300-077A

| | |
|---|---|
| Property Owner: CARLSON, ROBERT J | Phone #: (414)854-2419 |
| Mailing Address: 447 EUROPE LAKE RD | |
| City: ELLISON BAY | State: WI — Zip Code: 54210 |
| County: Door | Co. Permit #: |
| Notification # | Completed: 04-21-1994 |
| Well Constructor (Business Name): JORNS WELL DRILLING INC | Lic. #: 68 |
| Facility ID # (Public Wells) | |
| Well Plan Approval # | |
| Address: 5235 BLUFF CT<br>STURGEON BAY WI 54235-9790 | Approval Date (mm-dd-yyyy): |
| Hicap Permanent Well # | Common Well # |
| Specific Capacity: 0.1 | |

**1. Well Location**

| | |
|---|---|
| Town of LIBERTY GROVE | Fire # (if avail.): 447 |
| Street Address or Road Name and Number: EUROPE LAKE RD | |
| Subdivision Name | Lot # — Block # |
| Latitude / Longitude in Decimal Degree (DD): 45.2661 °N -86.9924 °W | Method Code: GCD013 |

| NE | SE | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 8 | 32 N | 29 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 HOME

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 | 8 |
| 8 | 8 | 171 |
| 6 | 171 | 241 |

Upper Enlarged Drillhole — Lower Open Bedrock

- Rotary - Mud Circulation .....
- Yes — Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing 8in. dia
- Yes — Removed? ____depth ft. (If NO explain on back side)

**8. Geology**

| Geology Codes | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|
| I | TOPSOIL | Surface | 1 |
| P | HARDPAN | 1 | 4 |
| L | LIMESTONE | 4 | 241 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | STANDARD WEIGHT BLACK STEEL CASING. NEW PLAIN END.SAWHILL STEEL CO. WT. PER FT. 18.97 ASTM A 53 | Surface | 171 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**7. Grout or Other Sealing Material**

Method PRESSURE METHOD

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| NEAT CEMENT | Surface | 171 | 30 S |

**9. Static Water Level**

1 ft. below ground surface

**10. Pump Test**

Pumping level 174 ft. below surface

Pumping at 15 GP M for 1 Hrs.

Pumping Method ?

**11. Well Is**

12 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 |
|---|---|---|
| HJJ | | 04-21-1994 |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| HJJ | | |

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

| Type | Qualifier | Distance |
|---|---|---|
| POWTS dispersal component (soil absorption unit or mound) | | 65 |

| Type | Qualifier | Distance |
|---|---|---|
| Building Overhang | | 20 |
| Septic or Holding, or POWTS Tank | | 49 |

Comment:

Created On: 06-24-1994 Updated On: 12-03-2019 Review Status: