

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				JF633		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner CURTIS SUNSTROM						Phone # (920)856-6266		1. Well Location				Fire # (if avail.)			
Mailing Address CTY HWY H #8000						Town of STURGEON BAY						8000			
City STURGEON BAY						State WI		Zip Code 54235				Street Address or Road Name and Number CTY HWY H			
County		Co. Permit #		Notification #		Completed 07-24-1987		Subdivision Name				Lot #		Block #	
Well Constructor (Business Name) EUCLIDE, HAROLD				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) °N °W				Method Code			
Address				Well Plan Approval #		SE SW		Section 6		Township 26 N		Range 25 E			
Approval Date (mm-dd-yyyy)				or Govt Lot #		2. Well Type		of previous unique well # _____ constructed in _____							
Hicap Permanent Well #		Common Well #		Specific Capacity		Reason for replaced or reconstructed well ?									
3. Well serves # of _____				Hicap Well ?		Construction Type									
Private, potable				Hicap Property ?											
Heat Exchange _____ # of drillholes				Hicap Potable ?											
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 _____ ft. _____ ground surface		11. Well Is _____ in. _____ Grade			
6						Surface				10. Pump Test		Developed ?			
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level _____ ft. below surface		Disinfected ?			
										Pumping at _____ GP for _____ Hrs.		Capped ?			
										Pumping Method ?					
7. Grout or Other Sealing Material															
Method															
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: 12-04-2021

Review Status: APPROVED

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

Well Depth:

Bedrock Depth: 8'