

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				LK018		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A			
Property Owner KNIGHTSBRIDGE HOME LTD, ROGGE,						Phone # (414)238-0138		1. Well Location				Fire # (if avail.)	
Mailing Address 10911 N KNIGHTSBRIDG						City of MEQUON							
City MEQUON						State WI		Zip Code 53092					
County Ozaukee		Co. Permit #		Notification #		Completed 04-30-1998		Subdivision Name KNIGHTSBRIDGE CROSSING				Lot # 13	
Well Constructor (Business Name) MUNICIPAL WELL @ PUMP INC				Lic. # 13		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) 43.2193 °N -88.011 °W				Method Code GCD013	
Address 20950 ENTERPRISE AVE BROOKFIELD WI 53045-5224				Well Plan Approval #		NW NE Section Township Range or Govt Lot # 28 9 N 21 E		2. Well Type New Well of previous unique well # constructed in Reason for replaced or reconstructed well ? Construction Type Drilled					
				Approval Date (mm-dd-yyyy)									
Hicap Permanent Well #		Common Well #		Specific Capacity		Hicap Well ? No							
Private, potable		Hicap Property ? No		Hicap Potable ?									
Heat Exchange ___ # of drillholes													
4. Potential Contamination Sources - ON REVERSE SIDE													
5. Drillhole Dimensions and Construction Method													
Dia. (in.) From (ft.) To (ft.)			Upper Enlarged Drillhole Lower Open Bedrock										
8.875 Surface 165													
6 165 300			Yes Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary Cable-tool Bit ___ in. dia... Dual Rotary Yes Temp. Outer Casing 10in. 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.)							
Z			CLAY @ GRAVEL			Surface			10				
C			CLAY			10			43				
Y			SAND W GRAVEL			43			45				
C			CLAY			45			57				
Y			SAND W GRAVEL			57			61				
C			CLAY			61			146				
B L G			BROKEN LIME W GRAVEL			146			163				
L			LIMESTONE			163			300				
6. Casing, Liner, Screen													
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.) To (ft.)							
6		ASTMA53 GR B 18 97# FT 0 280 WALL PE BEVELED FORWLD ISPCO MFG				Surface		165					
Dia. (in.)		Screen type, material & slot size				From (ft.) To (ft.)							
7. Grout or Other Sealing Material													
Method GRAVITY													
Kind of Sealing Material		From (ft.) To (ft.)		# Sacks Cement									
BENTONITE CUTTING SLURRY		Surface		165									
9. Static Water Level													
64 ft. below ground surface													
10. Pump Test													
Pumping level ___ ft. below surface													
Pumping at 10 GP M for 1 Hrs.													
Pumping Method ?													
11. Well Is													
18 in. above grade													
Developed ? Yes													
Disinfected ? Yes													
Capped ? Yes													
12. Notified Owner of need to fill & seal ?													
Filled & Sealed Well(s) as needed? No													
NONE ON SITE													
13. Constructor / Supervisory Driller													
Lic #		Date Signed											
TG		05-15-1998											
Drill Rig Operator		Lic or Reg #											
RW		Date Signed											
		05-15-1998											

4a. Potential Contamination SourcesIs the well located in floodplain ? No

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		15	Collector Sewer - San or Storm		25

Comment:

Created On: 11-02-1998

Updated On: 07-15-2019

Review Status: