Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MA988

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

Form 3300-077A

Property Owner: FISCHER, ROBERT	Phone #: (920)457-1634
Mailing Address: 2611 S 8TH ST	
City: SHEBOYGAN	State: WI — Zip Code: 53081
County: Florence	Co. Permit #: — Notification #: — Completed: 10-12-1998
Well Constructor (Business Name): KLEIMAN PUMP @ WELL DRILLING INC	Lic. #: 575 — Facility ID # (Public Wells):
Address: PO BOX 704 IRON MOUNTAIN MI 49801-0704	Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Hicap Permanent Well #: — Common Well #: — Specific Capacity:	

1. Well Location

Town of FLORENCE	Fire # (if avail.): N4350
Street Address or Road Name and Number: THOMPSON RD	
Subdivision Name: — Lot #: — Block #:	
Latitude / Longitude in Decimal Degree (DD): 45.8748 °N -88.3447 °W	Method Code: GCD013
SW NW or Govt Lot #: — Section: 11 — Township: 39 N — Range: 17 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

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.)
6	Surface	202

Upper Enlarged Drillhole — Lower Open Bedrock

- 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)

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	A53 BLACK STEEL WELDED SAWHILL 280 18 97 LBS FT	Surface	49
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material

Method MOUNDED AROUND CASING WHILE DR

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
CRUMBLES	Surface	0	3 S

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
	Q	S		FINE SAND CAVING	Surface	2
	V	C		FINE CLAY SAND NON CAVING	2	4
	V	C		CLAY NON CAVING	4	6
	Q	Y		SAND @ GRAVEL CAVING	6	14
	Q	Z		CLAY GRAVEL CAVING	14	20
	Q	Y		SAND @ GRAVEL CAVING	20	23
	Q	Z	G	CLAY GRAVEL COBBLE CAVING	23	45
	S	H		SLATE GREEN GRAY SOFT NON C	45	118
	H	H		SLATE RED GREEN HARDER	118	155
K		Q		GREEN BLACK GRANITE	155	202

9. Static Water Level

10 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at 7 GP M for _____ Hrs.

Pumping Method ?

11. Well Is

24 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
DR		10-12-1998
Drill Rig Operator	Lic or Reg #	Date Signed
DR		10-12-1998

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		20	Privy		62
			Septic or Holding, or POWTS Tank		55

Comment: DRY WELL CUSTOMER WAITINGTO HYDROFRACTURE DUE TO COST

Created On: 11-23-1998 Updated On: 06-17-2020 Review Status: