# 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 |
| Address: PO BOX 704<br>IRON MOUNTAIN MI 49801-0704 | |
| Facility ID # (Public Wells): | |
| 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: