

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				TB599		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner JESKEY, ROBERT						Phone #		1. Well Location				Fire # (if avail.)							
Mailing Address 11119 268TH AVE						Town of SALEM													
City TREVOR						State WI		Zip Code 53179				Street Address or Road Name and Number 11119 268TH AVE							
County Kenosha		Co. Permit #		Notification # 23599796		Completed 08-28-2006		Subdivision Name				Lot # Block #							
Well Constructor (Business Name) THOMAS J WILTON				Lic. # 132		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 42.5159 °N -88.1321 °W				Method Code GCD013					
Address WILTON WELL DRILLING SALEM WI 53168-0172				Well Plan Approval #		NE SE Section Township Range or Govt Lot # 28 1 N 20 E				2. Well Type Replacement 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 1.5															
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.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)			
5		Surface		182						G Q C -		GRAY CLAY C		Surface		30			
						Rotary - Mud Circulation				- Q S -		SAND C		30		57			
						Rotary - Air				G V C -		G CLAY NC		57		80			
						Rotary - Air & Foam				- Q S -		SAND C		80		92			
						Drill-Through Casing Hammer				G V C -		GRAY CLAY NC		92		176			
						Reverse Rotary				- - G -		GRAVEL		176		182			
						<u>Yes</u> Cable-tool Bit 5in. dia... Dual Rotary Temp. Outer Casing ___ in. dia Removed? ___ depth ft. (If NO explain on back side)		<u>No</u>											
6. Casing, Liner, Screen												8. Geology							
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level 60 ft. below ground surface				11. Well Is 20 in. above grade					
5		BLK T&C ASTMA 53 1950 PSI TRI STATE				Surface		182		10. Pump Test Pumping level 70 ft. below surface Pumping at 15 GP M for 24 Hrs. Pumping Method ?				Developed ? Yes Disinfected ? Yes Capped ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)											
7. Grout or Other Sealing Material Method Kind of Sealing Material From (ft.) To (ft.) # Sacks Cement #8 BENTONITE Surface 182												12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed? Yes							
13. Constructor / Supervisory Driller Lic # Date Signed TJW Drill Rig Operator Lic or Reg # Date Signed JF																			

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		29	Collector Sewer - San or Storm		225
			Sewer - Building Sanitary		36

Comment:

Created On: 10-23-2006

Updated On: 08-23-2019

Review Status: