Well Construction Report
WISCONSIN UNIQUE WELL NUMBER TC301

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: EGGNER, MARTIN	Phone #: (715)735-3319
Mailing Address: N1549 SHORE DR	
City: MARINETTE	State: WI — Zip Code: 54143

County	Co. Permit #	Notification #	Completed
Marinette		20020324	07-26-2005

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
WILLIAM G WALKER	4750	20020324

Address: 721 MAIN ST
MARINETTE WI 54143-2631

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well # | Specific Capacity

3. Well serves 1 # of YARD
Private, non-potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ? No

1. Well Location

Town of PESHTIGO

Fire # (if avail.): N1549

Street Address or Road Name and Number: SHORE DR

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
45.01637 °N -87.62722 °W	SCR006

	SE	NW	Section	Township	Range
or Govt Lot #	1		6	29 N	24 E

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
WATER TO WATER TREES

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Upper Enlarged Drillhole		Lower Open Bedrock
No	Rotary - Mud Circulation	No
No	Rotary - Air	No
No	Rotary - Air & Foam	No
No	Drill-Through Casing Hammer	
No	Reverse Rotary	
No	Cable-tool Bit ____in. dia...	No
No	Dual Rotary	No
No	Temp. Outer Casing ____in. dia	
No	Removed? ____depth ft. (If NO explain on back side)	

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25		Surface	20
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	80 MESH SS	20	23

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface		

9. Static Water Level
10 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

11. Well Is
15 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? No

12. Notified Owner of need to fill & seal ? No

Filled & Sealed Well(s) as needed? No
NONE ON PROPERTY

13. Constructor / Supervisory Driller	Lic #	Date Signed
WW		07-29-2005
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Comment: POINT IS LOCATED IN WOODED AREA.

Variance ID	Variance or Exception Type	Date	Reason
	Casing Depth Variance	07/26/2005	< REQUIRED CASING

Created On: 08-25-2005 Updated On: 12-11-2025 Review Status: