Well Construction Report
WISCONSIN UNIQUE WELL NUMBER UN929

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

Form 3300-077A

Property Owner: TECHMEIER, DEBBIE			Phone #: (715)582-4317
Mailing Address: N1910 HALE RD			
City: PESHTIGO	State: WI	Zip Code: 54157	
County: Marinette	Co. Permit #:	Notification #: 31812766	Completed: 01-14-2009

Well Constructor (Business Name): A-1 KEY PLBG SERVICES LLC	Lic. #: 6604	Facility ID # (Public Wells):	
Address: N3236 RIVER BEND DR PESHTIGO WI 54157		Well Plan Approval #:	Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

1. Well Location

Town of PESHTIGO

Fire # (if avail.):

Street Address or Road Name and Number: N1910 HALE RD

Subdivision Name:	Lot #:	Block #:

Latitude / Longitude in Decimal Degree (DD): 45.0275 °N -87.746 °W				Method Code: GCD013
NW SE or Govt Lot #:	Section: 31	Township: 30 N	Range: 23 E	

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: PLUGGED SCREEN / FILL W/SAND

Construction Type: Driven Point

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.)
2	Surface	29

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

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	GALV. PIPE	Surface	25
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	60 GA STAINLESS STEEL	25	29

7. Grout or Other Sealing Material

Method

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

8. Geology

9. Static Water Level

7 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

WILL DIG UP & ABANDON IN SPRING

13. Constructor / Supervisory Driller	Lic #	Date Signed
TJ		01-15-2009
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		55
Building Drain - Sanitary		45

Type	Qualifier	Distance
Building Overhang		3
Sewer - Building Sanitary		15
Septic or Holding, or POWTS Tank		45

Comment:

Created On: 03-19-2009 Updated On: 10-22-2019 Review Status: