Well Construction Report
WISCONSIN UNIQUE WELL NUMBER UN931

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

Form 3300-077A

Property Owner: MENSE, MIKE			Phone #: (715)582-0755
Mailing Address: W3516 HWY B			
City: PESHTIGO	State: WI	Zip Code: 54157	
County: Marinette	Co. Permit #:	Notification #: 34949679	Completed: 11-19-2009

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:	

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of PESHTIGO

Fire # (if avail.): W3516

Street Address or Road Name and Number: W3516 HWY B

Subdivision Name:	Lot #:	Block #:

Latitude / Longitude in Decimal Degree (DD): 45.05633 °N -87.76867 °W			Method Code: GPS008
SE NW or Govt Lot #	Section: 24	Township: 30 N	Range: 22 E

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

Reason for replaced or reconstructed well ?

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	35

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	2-IN GALVANIZED PIPE	Surface	31
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	STAINLESS 60 GAUZE	31	35

7. Grout or Other Sealing Material
Method

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

8. Geology

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
16 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
TJ		11-19-2009
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)		60
Building Drain - Sanitary		40

Type	Qualifier	Distance
Building Overhang		5
Sewer - Building Sanitary		40
Septic or Holding, or POWTS Tank		60

Comment:

Created On: 01-22-2010 Updated On: 01-22-2010 Review Status: