Well Construction Report
WISCONSIN UNIQUE WELL NUMBER UN936

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

Form 3300-077A

Property Owner: KOZDRON, KEN	Phone #: (630)476-1099
Mailing Address: W2311 CO B	
City: PESHTIGO	State: WI — Zip Code: 54154
County: Marinette	Co. Permit #: — Notification #: 33122987 — Completed: 05-15-2009
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.): W2311
Street Address or Road Name and Number: W2311 CO B	
Subdivision Name:	Lot #: — Block #:
Latitude / Longitude in Decimal Degree (DD): 45.0351 °N -87.7099 °W	Method Code: GCD013
SE SW or Govt Lot #:	Section: 28 — Township: 30 N — Range: 23 E

2. Well Type New Well
of previous unique well #: constructed in:
Reason for replaced or reconstructed well ?:
Construction Type: Driven Point

3. Well serves # of
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	28

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	GALVANIZED	Surface	25
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	STAINLES SEEL	25	28

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
30 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
TJ		05-15-2009
Drill Rig Operator	Lic or Reg #	Date Signed

4a. Potential Contamination Sources Is the well located in floodplain ?

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		105	Building Overhang		3
Building Drain - Sanitary		30	Septic or Holding, or POWTS Tank		35

Comment:

Created On: 07-07-2009 Updated On: 10-22-2019 Review Status: