

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water ☐ Watershed/Wastewater ☐ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <u>Waukesha</u>		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name _____	
Latitude / Longitude (see instructions) <u>43.1425</u> N <u>-88.0816</u> W		Format Code ☒ DD ☐ DDM		Method Code ☐ GPS008 ☐ SCR002 ☐ OTH001		Facility ID (FID or PWS) _____	
1/4 or Gov't Lot # <u>9</u>		Section <u>24</u>		Township <u>8</u> N		Range <u>20</u> E	
Well Street Address <u>N68W13762 Bay Ridge Ct</u>				Original Well Owner _____			
Well City, Village or Town <u>Menomonee Falls</u>				Present Well Owner <u>Khóa Pham</u>			
Subdivision Name <u>North Hills Manor</u>				Mailing Address of Present Owner <u>N68W13762 Bay Ridge Ct</u>			
Lot # <u>9 BLK 7</u>				City of Present Owner <u>Menomonee Falls</u> State <u>WI</u> ZIP Code <u>53051</u>			
Reason for Removal from Service <u>not used / has city water</u>				4. Pump, Liner, Screen, Casing & Sealing Material			
WI Unique Well # of Replacement Well _____				☒ Pump and piping removed? ☐ Yes ☐ No ☐ N/A ☐ Liner(s) removed? ☐ Yes ☐ No ☒ N/A ☐ Liner(s) perforated? ☐ Yes ☐ No ☒ N/A ☐ Screen removed? ☐ Yes ☐ No ☒ N/A ☐ Casing left in place? ☒ Yes ☐ No ☐ N/A ☒ Was casing cut off below surface? ☐ Yes ☐ No ☐ N/A ☒ Did sealing material rise to surface? ☐ Yes ☐ No ☐ N/A ☐ Did material settle after 24 hours? ☐ Yes ☒ No ☐ N/A If yes, was hole retopped? ☐ Yes ☐ No ☒ N/A If bentonite chips were used, were they hydrated with water from a known safe source? ☒ Yes ☐ No ☐ N/A			
3. Filled & Sealed Well / Drillhole / Borehole Information				Required Method of Placing Sealing Material			
☐ Monitoring Well		Original Construction Date (mm/dd/yyyy) <u>08/06/1966</u>		☐ Conductor Pipe-Gravity ☐ Conductor Pipe-Pumped			
☒ Water Well		If a Well Construction Report is available, please attach. _____		☒ Screened & Poured (Bentonite Chips) ☐ Other (Explain): _____			
☐ Borehole / Drillhole		Construction Type: ☒ Drilled ☐ Driven (Sandpoint) ☐ Dug ☐ Other (specify): _____		Sealing Materials ☐ Neat Cement Grout ☐ Concrete ☐ Sand-Cement (Concrete) Grout ☒ Bentonite Chips			
Formation Type: ☐ Unconsolidated Formation ☒ Bedrock		Total Well Depth From Ground Surface (ft.) <u>87</u>		For Monitoring Wells and Monitoring Well Boreholes Only: ☐ Bentonite Chips ☐ Bentonite - Cement Grout ☐ Granular Bentonite ☐ Bentonite - Sand Slurry			
Casing Diameter (in.) <u>7</u>		Lower Drillhole Diameter (in.) <u>6</u>		Casing Depth (ft.) <u>65</u>			
Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown		If yes, to what depth (feet)? <u>65</u>		Depth to Water (feet) <u>23</u>			
5. Material Used to Fill Well / Drillhole				From (ft.) To (ft.) No. Yards, Sacks, Sealant or Volume (circle one) Mix Ratio or Mud Weight			
<u>Bentonite Chips</u>				Surface <u>87</u> <u>25 Sacks</u> <u>11 PP6</u>			

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Cost Less Well Service</u>		License # <u>6227</u>		Date Received <u>07/31/2026</u>	
Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>07/31/2026</u>		Noted By _____		Comments _____	
Street or Route <u>W185N9681 Appleton Ave</u>		Telephone Number <u>(262) 255-7739</u>		Signature of Person Doing Work <u>Jane C. Hoz</u>	
City <u>German town</u>		State <u>WI</u>		Date Signed <u>08/10/2026</u>	
ZIP Code <u>53022</u>					

WELL CONSTRUCTOR'S REPORT

WISCONSIN STATE BOARD OF HEALTH

Well 6

#1088 Kostel RR-54-66

1. COUNTY Waukesha		CHECK ONE ☐ Town ☒ Village ☐ City		NAME Meno. Falls	
2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.) North Hills Manor Subd. Lot 9 Blk. 7 N.68 W.13762 Bay Ridge Ct.					
3. OWNER AT TIME OF DRILLING Dittmar Realty SE, SW, NW, Sec 24 T8N R20E					
4. OWNER'S COMPLETE MAIL ADDRESS N.89 W.16338 Main St. Meno. Falls, Wis.					
5. Distance in feet from well to nearest:		BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN
(Record answer in appropriate block)		C. I.	TILE	C. I.	TILE
		15			
CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN
C. I.	TILE				
	55			60	
OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)					

6. Well is intended to supply water for:
new home

7. DRILLHOLE						10. FORMATIONS			
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind		From (ft.)	To (ft.)
8 3/4	Surface	65				red clay		Surface	10
6	65	88				blue clay & gravel		10	15
8. CASING, LINER, CURBING, AND SCREEN									
Dia (in.)	Kind and Weight		From (ft.)	To (ft.)				From (ft.)	To (ft.)
7" OD	steel 23 lb/ft.		Surface	65		blue clay		15	50
						hardpan		50	65
						limestone		65	88
<i>Rotary Well</i>									
9. GROUT OR OTHER SEALING MATERIAL									
Kind			From (ft.)	To (ft.)					
drilling mud			Surface	65					
						Well construction completed on Aug. 6 1966			

11. MISCELLANEOUS DATA				Well is terminated 8 inches ☒ above final grade ☐ below	
Yield test:	2	Hrs. at	13	GPM	
Depth from surface to normal water level			36	ft.	Well disinfected upon completion ☒ Yes ☐ No
Depth to water level when pumping			48	ft.	Well sealed watertight upon completion ☒ Yes ☐ No
Water sample sent to Madison				laboratory on: Aug. 8 1966	

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE <i>Donald J. Rom</i> Registered Well Driller	COMPLETE MAIL ADDRESS N.81 W.15151 Appleton Ave. Meno. Falls, Wis
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Please do not write in space below			
COLIFORM TEST RESULT  W K 1 0 4 9 5	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED
			REMARKS 884142 plot