Well Construction Report
WISCONSIN UNIQUE WELL NUMBER AAN047

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

Form 3300-077A

Property Owner: TERRY BARTSCH			Phone #
Mailing Address: P.O.BOX 194			
City: CHETEK	State: WI	Zip Code: 54728	
County: Barron	Co. Permit #:	Notification #: 9783616101	Completed: 03-03-2025

1. Well Location
City of CHETEK
Fire # (if avail.)
Street Address or Road Name and Number: 645 LAKEVIEW DR HANGER 15
Subdivision Name | Lot # | Block #

Well Constructor (Business Name): GUSTUM, TOM	Lic. #: 4813	Facility ID # (Public Wells)	
Address: GUSTUM SEPTIC SERVICE N13450 937TH ST NEW AUBURN WI 54757-9326		Well Plan Approval #	Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well #	Specific Capacity	

Latitude / Longitude in Decimal Degree (DD): 45.31113 °N -91.63776 °W
Method Code: SCR002

NE	SW	Section	Township	Range
or Govt Lot #		29	33 N	10 W

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

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

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

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
1.25	Surface	32
1.25	32	35

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	

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	STANLESS STEEL POINT	Surface	35
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	GALVINIZED PIPE	0	32

7. Grout or Other Sealing Material
Method

8. Geology

9. Static Water Level
20 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at 6 GP M for 12 Hrs.
Pumping Method ? Test Pump

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

12. Notified Owner of need to fill & seal ? No
Filled & Sealed Well(s) as needed? No

13. Constructor / Supervisory Driller	Lic #	Date Signed
TG	4813	03-03-2025
Drill Rig Operator	Lic or Reg #	Date Signed

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

Comment:

Created On: 03-03-2025 Updated On: 03-06-2025 Review Status: APPROVED