Well Construction Report
WISCONSIN UNIQUE WELL NUMBER AAN048

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

Form 3300-077A

Property Owner: SARA HELLAND	Phone #
Mailing Address: 1029 24 1/2 STREET	
City: CHETEK	State: WI — Zip Code: 54728
County: Barron	Co. Permit #	Notification #	Completed: 02-26-2025

1. Well Location

Town of CHETEK	Fire # (if avail.): 1029
Street Address or Road Name and Number: 1029 24 1/2 ST. CHETEK, WI 54728	
Subdivision Name	Lot #	Block #

Well Constructor (Business Name): GUSTUM, TOM	Lic. #: 4813	Facility ID # (Public Wells)
Latitude / Longitude in Decimal Degree (DD): 45.35451 °N -91.65659 °W		Method Code: SCR002
Well Plan Approval #		
Address: GUSTUM SEPTIC SERVICE N13450 937TH ST NEW AUBURN WI 54757-9326		Approval Date (mm-dd-yyyy)

NE	SW	Section	Township	Range
or Govt Lot #		7	33 N	10 W

2. Well Type Reconstruction

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?
OLD POINT FROZE AND NEEDED TO BE REPLACED

Construction Type: Driven Point

Hicap Permanent Well #	Common Well #	Specific Capacity

3. Well serves 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

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

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
1.25	Surface	31
1.25	31	34

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	34
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	GALVINIZED PIPE	0	31

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 5 GP M for 4 Hrs.

Pumping Method ? Test Pump

11. Well Is

18 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	03-24-2025
Drill Rig Operator	Lic or Reg #	Date Signed

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

Comment:

Created On: 03-24-2025 Updated On: 04-16-2025 Review Status: APPROVED