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
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	

1. Well Location

Fire # (if avail.)	1029
Town of CHETEK	
Street Address or Road Name and Number	1029 24 1/2 ST. CHETEK, WI 54728
Subdivision Name	
Lot #	
Block #	
Latitude / Longitude in Decimal Degree (DD)	45.35451 °N -91.65659 °W
Method Code	SCR002
NE SW or Govt Lot #	
Section	7
Township	33 N
Range	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

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