Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ACD859

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

Form 3300-077A

Property Owner: FULTON ALT JANE	Phone #
Mailing Address: 12467 FRISCH DR	
City: PRESQUE ISLE	State: WI — Zip Code: 54557
County: Vilas	Co. Permit #	Notification #	Completed: 09-19-2024
Well Constructor (Business Name): HANSER, ELIJAH J	Lic. #: 8360	Facility ID # (Public Wells)
Address: HANSER WELL AND PUMP LLC PO BOX 397 LAC DU FLAMBEAU WI 54538	Well Plan Approval #	Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well #	Specific Capacity

1. Well Location

Town of PRESQUE ISLE				Fire # (if avail.): 12467
Street Address or Road Name and Number: 12467 FRISCH DR				
Subdivision Name		Lot #		Block #
Latitude / Longitude in Decimal Degree (DD): 46.2029 °N -89.7893 °W				Method Code: SCR002
NE SE or Govt Lot #	Section: 18	Township: 43 N	Range: 6 E	

2. Well Type Reconstruction

of previous unique well # constructed in

Reason for replaced or reconstructed well ?
LOW VOLUME

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.)
2	Surface	30

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.)
2	A53 GALV STEEL T&C	Surface	27
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	936 SS 10SLOT	27	30

7. Grout or Other Sealing Material

Method

8. Geology

9. Static Water Level

11 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ? No

Filled & Sealed Well(s) as needed? No

13. Constructor / Supervisory Driller	Lic #	Date Signed
EH	8360	05-19-2025
Drill Rig Operator	Lic or Reg #	Date Signed

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

Comment:

Created On: 05-19-2025 Updated On: 06-05-2025 Review Status: APPROVED