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	Co. Permit #	Notification #	Completed
Vilas			09-19-2024

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
HANSER, ELIJAH J	8360	

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)	Method Code
46.2029 °N -89.7893 °W	SCR002

NE SE or Govt Lot #	Section	Township	Range
	18	43 N	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