Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ACF546

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: NICHOLAS, STEVE		Phone #: (414)520-7717
Mailing Address: 7230 N 107TH ST		
City: MILWAUKEE	State: WI	Zip Code: 53224

County	Co. Permit #	Notification #	Completed
Oconto			07-08-2025

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
LUISIER WELL DRILLING INC	157	

Address: 220 HANK MARKS DR
OCONTO FALLS WI 54154-1078

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

Hicap Permanent Well #	Common Well #	Specific Capacity
		0

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

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

1. Well Location

Town of LAKEWOOD	Fire # (if avail.) 13837

Street Address or Road Name and Number: E RIVERSIDE RD

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)				Method Code
45.335 °N	-88.44854 °W			SCR002

SW SW or Govt Lot #	Section	Township	Range
	13	33 N	16 E

2. Well Type Reconstruction
of previous unique well # CI806 constructed in 1989

Reason for replaced or reconstructed well ?
LACK OF WATER

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	42
6	42	196

Upper Enlarged Drillhole		Lower Open Bedrock
Yes	Rotary - Mud Circulation	No
No	Rotary - Air	No
No	Rotary - Air & Foam	Yes
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	
No	Removed? ____depth ft. (If NO explain on back side)	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
W	W-EXISTING	Surface	196

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	EXISTING	Surface	42
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material
Method

9. Static Water Level
26 ft. below ground surface

10. Pump Test
Pumping level 160 ft. below surface
Pumping at 0.5 GP M for 1 Hrs.
Pumping Method ? Test Pump

11. Well Is
24 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
KM	5864	07-08-2025
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
CW	9113	07-08-2025

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

Comment: GPM BEFORE HYDROFRACKING 0.50

Rehab Type	Rehab Date	Result Text
Hydrofracture	07/08/2025	0.50

Created On: 07-08-2025 Updated On: 08-25-2025 Review Status: APPROVED