Well Construction Report
WISCONSIN UNIQUE WELL NUMBER WW021

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

Form 3300-077A

Property Owner: HARTMAN, ROBERT	Phone #
Mailing Address: 2526 8 1/4 AVE	
City: CHETEK	State: WI — Zip Code: 54728

County	Co. Permit #	Notification #	Completed
Barron		6959380101	09-12-2017

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
TOM GUSTUM	4813	

Address: GUSTUM SEPTIC SERVICE
NEW AUBURN WI 54757-9326

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well #	Common Well #	Specific Capacity

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location

Town of CHETEK

Fire # (if avail.): 2526

Street Address or Road Name and Number: 8 1/4 AVE/CO HWY D

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)				Method Code
45.3268 °N	-91.6375 °W			GCD013

NE SW or Govt Lot #	Section	Township	Range
	20	33 N	10 W

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia

6. Casing, Liner, Screen — Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	SCH 40 STEEL	Surface	26
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	SS 10 SLOT	26	29

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface		

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
-	-	S	-	SAND	Surface	29

9. Static Water Level
11 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at 6 GP M for 1 Hrs.
Pumping Method ?

11. Well Is
14 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
TG		09-25-2017
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Type	Qualifier	Distance
Septic or Holding, or POWTS Tank		26

Comment:

Created On: 11-02-2017 Updated On: 06-18-2020 Review Status: