Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ACH047

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

Form 3300-077A

Property Owner: SEEKINS, KATHY			Phone #
Mailing Address: 924 ROSE COURT			
City: TRAVERSE CITY	State: MI	Zip Code: 49686	
County: Marinette	Co. Permit #:	Notification #: 9861524001	Completed: 08-01-2025

Well Constructor (Business Name): DAMA PLBG & HTG INC	Lic. #: 6013	Facility ID # (Public Wells):	
Address: 716 MAIN AVE CRIVITZ WI 54114		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 0.5	

1. Well Location

Town of STEPHENSON			Fire # (if avail.): N11743
Street Address or Road Name and Number: DEER LAKE RD			
Subdivision Name:	Lot #:	Block #:	
Latitude / Longitude in Decimal Degree (DD): 45.3876 °N -88.1617 °W			Method Code: SCR002
SE SE or Govt Lot #:	Section: 30	Township: 34 N	Range: 19 E

2. Well Type Replacement
of previous unique well #: constructed in
Reason for replaced or reconstructed well ?: NON- COMPLIANT
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	33

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	ASTM A53 GALVANIZED	Surface	30
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	80 GAUZE GALVANIZED	30	33

7. Grout or Other Sealing Material
Method

8. Geology

9. Static Water Level
19 ft. below ground surface

10. Pump Test
Pumping level 33 ft. below surface
Pumping at 7 GP M for 1 Hrs.
Pumping Method ? Test Pump

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? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
MKD	3725	08-01-2025
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance
Building Drain - Sanitary		25

Comment:

Created On: 08-20-2025 Updated On: 10-15-2026 Review Status: APPROVED