Well Construction Report ***WISCONSIN UNIQUE WELL NUMBER***	**ACJ727**	**Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707** Form 3300-077A

Property Owner: BURKARD RICHARD				Phone # (920)371-0213
Mailing Address: 2765 KLEE STREET				
City GREEN BAY			State WI	Zip Code 54313
County: Oconto	Co. Permit #:	Notification #: 9980851801		Completed: 10-01-2025

1. Well Location		Fire # (if avail.)
Town of TOWNSEND		17397
Street Address or Road Name and Number: MOCKING BIRD LN		
Subdivision Name	Lot #	Block #

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

Latitude / Longitude in Decimal Degree (DD)		Method Code
45.317 °N	-88.631 °W	SCR002

NE	NW	Section	Township	Range
or Govt Lot #		28	33 N	15 E

2. Well Type Replacement

of previous unique well # constructed in

Hicap Permanent Well #	Common Well #	Specific Capacity
		0

Reason for replaced or reconstructed well ?

NON- COMPLIANT

3. Well serves 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

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

Construction Type Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	28

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	

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	ASTM A53 GALVANIZED	Surface	25

Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	80 GAUZE GALVANIZED	25	28

7. Grout or Other Sealing Material

Method

9. Static Water Level

16 ft. below ground surface

10. Pump Test

Pumping level 28 ft. below surface

Pumping at 4 GP M for 1 Hrs.

Pumping Method ? Test Pump

11. Well Is

18 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	10-01-2025
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS treatment component (septic tanks, aerobic treatment units or filters)		50	POWTS dispersal component (soil absorption unit or mound)		50

Comment:

Created On: 10-31-2025 Updated On: 11-18-2025 Review Status: APPROVED