Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ACJ737

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

Property Owner: GRIENIER BRENDA	Phone #: (920)428-7002
Mailing Address: 16500 WEST ARCHIBALD PARKWAY	
City: TOWNSEND	State: WI — Zip Code: 54157
County: Oconto	Co. Permit #:
Notification #: 9999791501	Completed: 10-07-2025

1. Well Location

Town of TOWNSEND	Fire # (if avail.): 16500
Street Address or Road Name and Number: WEST ARCHIBALD PARKWAY	
Subdivision Name	Lot # / Block #

Well Constructor (Business Name): DAMA PLBG & HTG INC	Lic. #: 6013	Facility ID # (Public Wells)	
Latitude / Longitude in Decimal Degree (DD): 45.277 °N -88.595 °W		Method Code: SCR002	
Well Plan Approval #		SW SW or Govt Lot #:	Section: 2 — Township: 32 N — Range: 15 E
Address: 716 MAIN AVE, CRIVITZ WI 54114		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 0.4	

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	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	

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

8. Geology

9. Static Water Level
6 ft. below ground surface

10. Pump Test
Pumping level 28 ft. below surface
Pumping at 9 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	10-07-2025
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 dispersal component (soil absorption unit or mound)		100	Septic or Holding, or POWTS Tank		40

Comment:

Created On: 10-31-2025 Updated On: 10-15-2026 Review Status: APPROVED