

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACJ741		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A	
Property Owner ROEHRIG GARY Phone # (920)418-3612						1. Well Location				Fire # (if avail.) 10420	
Mailing Address W2215 KEIL RD						Town of AMBERG				Street Address or Road Name and Number N10420 BENSON LK RD	
City NEW HOLSTEIN		State WI		Zip Code 53061		Subdivision Name				Lot # Block #	
County Marinette		Co. Permit #		Notification # 10019969701		Completed 10-15-2025					
Well Constructor (Business Name) DAMA PLBG & HTG INC				Lic. # 6013		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 45.5069 °N -88.11388 °W	
Address 716 MAIN AVE CRIVITZ WI 54114				Well Plan Approval #		SW NW Section Township Range or Govt Lot # 15 35 N 19 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.)		Upper Enlarged Drillhole Lower Open Bedrock					
2		Surface		28		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					
6. Casing, Liner, Screen				No Temp. Outer Casing ___ in. dia		8. Geology					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level 16 ft. below ground surface	
2		ASTM A53 GALVANIZED				Surface		25		10. Pump Test Pumping level 28 ft. below surface Pumping at 5 GP M for 1 Hrs. Pumping Method ? Test Pump	
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		11. Well Is 36 in. above grade Developed ? Yes Disinfected ? Yes Capped ? Yes	
2		80 GAUZE GALVANIZED				25		28		12. Notified Owner of need to fill & seal ? No Filled & Sealed Well(s) as needed? Yes	
7. Grout or Other Sealing Material Method											
13. Constructor / Supervisory Driller						Lic #		Date Signed			
MKD						3725		10-15-2025			
Drill Rig Operator						Lic or Reg #		Date Signed			

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		50	Septic or Holding, or POWTS Tank		25

Comment:

Created On: 10-31-2025

Updated On: 11-18-2025

Review Status: APPROVED