Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FX273

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

Form 3300-077A

Property Owner: MRS LILLIAN ANDERSON			Phone #
Mailing Address: SHADY KNOLL RT			
City: FIFIELD	State: WI	Zip Code	
County: Price	Co. Permit #	Notification #	Completed: 08-25-1962

Well Constructor (Business Name): WILLIAM HEINLEIN	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 0.1	

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

Hicap Well ?
Hicap Property ?
Hicap Potable ?

1. Well Location

Town of EISENSTEIN

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name		Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)				Method Code
45.90644 °N	-90.26887 °W			GPS008
NW or Govt Lot #	Section: 32	Township: 40 N	Range: 2 E	

2. Well Type

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6.375	Surface	60

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
  - Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		Y		Sand & Gravel	Surface	38
		P		Hardpan	38	59
	W	G		Water Bearing Gravel	59	60

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6.375	Black Steel 32 lbs/ft	Surface	60
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material

Method

9. Static Water Level

10 ft. _____ ground surface

10. Pump Test

Pumping level 45 ft. below surface

Pumping at 3 GP for 2 Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ?

Disinfected ?

Capped ?

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ?

Comment:

Created On: 01-01-1960 Updated On: 10-15-2026 Review Status: