Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FX292

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

Form 3300-077A

Property Owner: ERNEST W WICKMAN			Phone #
Mailing Address			
City: FIFIELD	State: WI	Zip Code	
County: Price	Co. Permit #	Notification #	Completed: 07-05-1958

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

3. Well serves # of Home
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

1. Well Location

Town of FIFIELD			Fire # (if avail.): N14933
Street Address or Road Name and Number: SHADY KNOLL RD			
Subdivision Name	Lot #	Block #	

Latitude / Longitude in Decimal Degree (DD): 45.91256 °N -90.08355 °W				Method Code: GPS008
SE SE or Govt Lot #	Section: 27	Township: 40 N	Range: 3 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.)
12	Surface	18
5	18	123

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.)
		X		Sand & Clay	Surface	110
	S	P		Soft Hardpan	110	119
		G		Gravel	119	123

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
5	Steel	Surface	123
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
Puddled Clay	Surface	18	

9. Static Water Level
15 ft. _____ ground surface

10. Pump Test
Pumping level 25 ft. below surface
Pumping at 8 GP for 6 Hrs.
Pumping Method ?

11. Well Is
10 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: 04-03-2026 Review Status: