

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

1. County Crawford Town Village City Seneca Check one and give name

2. Location Name of street and number of premise or Section, Town and Range

3. Owner or Agent Mary W. Porter Name of individual, partnership or firm

4. Mail Address Linxville, Wis. Complete address required

5. From well to nearest: Building ft; sewer ft; drain ft; septic tank ft; dry well or filter bed ft; abandoned well ft.

6. Well is intended to supply water for: farm

7. DRILLHOLE:

Table with 6 columns: Dia. (in.), From (ft.), To (ft.), Dia. (in.), From (ft.), To (ft.). Row 1: 6, 404, 501, 10, 0, 42.

8. CASING AND LINER PIPE OR CURBING:

Table with 4 columns: Dia. (in.), Kind and Weight, From (ft.), To (ft.). Row 1: 6, Std. Wt. Steel, 0, 42.

9. GROUT:

Table with 3 columns: Kind, From (ft.), To (ft.). Row 1: Cement, 0, 42.

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 7 GPM. Depth from surface to water-level: 380 ft. Water-level when pumping: ft. Water sample was sent to the state laboratory at: madison on 19 City

10. FORMATIONS:

Table with 3 columns: Kind, From (ft.), To (ft.). Rows: Top soil & clay (0-5), Limestone (5-42), Sandstone (404-501).

Construction of the well was completed on: September 11 19 53

The well is terminated 12 inches above, below the permanent ground surface.

Was the well disinfected upon completion? Yes X No

Was the well sealed watertight upon completion? Yes X No

Signature Ed Niffenegger Jr Registered Well Driller

2615 8th Ave. Monroe, Wis. Complete Mail Address

Please do not write in space below

Rec'd No.

Ans'd

Interpretation

Table with 5 columns: 10 ml, 10 ml, 10 ml, 10 ml, 10 ml. Rows: Gas-24 hrs., 48 hrs., Confirm, B. Coli.

Examiner

