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

DEC 26 1945

1. County CRAWFORD { Town / Village / City } TWN. OF MARIETTA.

2. Location GOVERNMENT LOT # 6 BLOCK # 7 SECTION # 1, RANGE 4 WEST.

3. Owner or Agent ROY BRANDIS.

4. Address WAUZEKA, WISCONSIN. R. F. D. # 3

5. From well to nearest: Building 12 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: ~~ONLY FOR WATERING STOCK.~~

7. DRILLHOLE OR EXCAVATION:

Dia. (in.)	From (ft.)	To (ft.)
5"	0	60

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
5"	BLACK STANDARD		
	STEEL CASING	0	43

9. GROUT:

Kind	From (ft.)	To (ft.)

10. FORMATIONS:

Kind	Thickness (ft.)	Total Depth (ft.)
~~LOOSE SHALEAND~~ ROCK	0	60

11. MISCELLANEOUS DATA: SEALED UNTIL AN ELECTRIC PUMP IS TO BE INSTALLED.

Yield test: ____ Hrs. at ____ GPM.

Depth from surface to water: 35 ft.

Water-level when pumping: ____ ft.

Water sample sent to laboratory at ____ on ____ 19__

Construction of the well was completed on ____ NOVEMBER ____ 19[illegible]

The well is terminated ____ inches (above) (below) the permanent grade.

Was the well disinfected upon completion?
Yes YES No ____

Was the well sealed watertight upon completion?
Yes YES No ____

Signature H. W. BARTELS P. O. BOX # 323? BOSCOBEL, WISCONSIN.
Registered Well Driller — Complete Mail Address

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