

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

Wsl 6

RECEIVED

1. County Crawford } Town Wauzeka
 Village
 City Check one and give name Wauzeka JUN 23 1964
 2. Location Section 2 Town 7-N-R4W
Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Nert Oswald
Name of individual, partnership or firm
 4. Mail Address Wauzeka, Wis. R7D
Complete address required
 5. From well to nearest: Building 20 ft; sewer 80 ft; drain 80 ft; septic tank 110 ft;
 dry well or filter bed 125 ft; abandoned well 35 ft.

SENIARY
ENGINEERING

6. Well is intended to supply water for: farm and home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	48	6	48	200

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	48

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	35
Cement	35	48

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 15 GPM.
 Depth from surface to water-level: 120 ft.
 Water-level when pumping: 125 ft.
 Water sample was sent to the state laboratory at:
Madison on June 17 1964
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	35
limestone	35	115
shalestone ^{hard}	115	200

Construction of the well was completed on:
May 15 1964

The well is terminated 10 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Kenneth Coplan R3 Box 36, Boscobel, Wis.
Registered Well Driller Complete Mail Address
 Please do not write in space below

Rec'd JUN 18 1964 No. 25130

Ans'd
 Interpretation SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 00000
 Examiner _____