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

RECEIVED

1. County Crawford { Town ☒ / Village ☐ / City ☐ } Marietta ~~Marietta Wauzeka~~ Check one and give name

2. Location (Sec 2, T7N, R4W) ~~Name of street and~~ number of premise or Sec. Tn. and R. numbers

3. Owner ☒ or Agent ☐ Harry Miller Name of individual, partnership or firm

4. Mail Address Boscobel, Wis. R. F. D. Complete address required

5. From well to nearest: Building house 15 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: Human Consumption

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
	Old well	
6"	0	114'

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
4"	104 ft of 4" Sld Wt Liner.		

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement		

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Old well (Repair Job)		

11. MISCELLANEOUS DATA:

Yield test: 9 Hrs. at 5 GPM.

Depth from surface to water: 30 ft.

Water-level when pumping: 84 ft.

Water sample sent to laboratory at

_____ on _____ 19____

Construction of the well was completed on Oct 1951

The well is terminated 16" inches ☐ above, below ☐ the permanent ground surface.

Was the well disinfected upon completion? Yes Yes No ____

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

Signature H. W. Bartels
Registered Well Driller

202 West De Grande St
Complete Mail Address
Boscobel Wis.

(~~Well Constructor's Copy~~) State copy.

WGNHS ORIGINAL

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