

1. COUNTY Crawford		CHECK ONE <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City		NAME Wauzeka				
2. LOCATION (Number and Street or ¼ section, section, township and range. Also give subdivision name, lot and block numbers when available.) NE ¼ NE ¼ Sec. 18 T-7 R-4W								
3. OWNER AT TIME OF DRILLING Arthur Degnan								
4. OWNER'S COMPLETE MAIL ADDRESS Wauzeka, Wisc.								
5. Distance in feet from well to nearest: (Record answer in appropriate block)		BUILDING C. I.	SANITARY SEWER TILE	FLOOR DRAIN C. I.	FOUNDATION DRAIN SEWER CONNECTED INDEPENDENT	WASTE WATER DRAIN C. I.		
		20	33	40	None	None		
CLEAR WATER DRAIN C. I.	SEPTIC TANK TILE	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
None	50	None	75	None	None	None	None	None
OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.) None								

6. Well is intended to supply water for:
House

7. DRILLHOLE						10. FORMATIONS		
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)
10	Surface	72				Clay	Surface	5
6	72	145				Sandy Clay w/ Gravel	5	20
8. CASING, LINER, CURBING, AND SCREEN								
Dia. (in.)	Kind and Weight		From (ft.)	To (ft.)				
6	Steel P. E. 18.97		Surface	72		Drift w/ Clay	20	56
						Brown Rock	56	60
						Blue Shale	60	62
						Gray Rock	62	145
9. GROUT OR OTHER SEALING MATERIAL								
Kind			From (ft.)	To (ft.)				
/Neat Cement			Surface	72				
						Well construction completed on 8-13 1970		

11. MISCELLANEOUS DATA				Well is terminated 12 inches <input checked="" type="checkbox"/> above <input type="checkbox"/> below final grade			
Yield test:	4	Hrs. at	10	GPM			
Depth from surface to normal water level	80	ft.	Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Depth to water level when pumping	90	ft.	Well sealed watertight upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Water sample sent to State Lab. of Hygiene at Madison				laboratory on: 8-19 1970			

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE <i>Duane Lubbers</i> Duane Lubbers	W. D. 410 Registered Well Driller	COMPLETE MAIL ADDRESS Duane Lubbers Farmersburg, Iowa
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Please do not write in space below

COLIFORM TEST RESULT 348	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
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