

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

1. County Crawford Town Eastman WAUZEKA
 Village City Check one and give name
 2. Location Section 8 ~~(N 15 1/2 W 10 E 1/2)~~ T7N R5W per 1962 plat book
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Louis Bunders
 Name of individual, partnership or firm

4. Mail Address Wauzeke, Wis. R.7D.
 Complete address required

5. From well to nearest: Building 10 ft; sewer 25 ft; drain 20 ft; septic tank 65 ft;
 dry well or filter bed 100 ft; abandoned well 125 ft.

6. Well is intended to supply water for: Farm home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	400

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	10
Cement	10	40

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 20 GPM.
 Depth from surface to water-level: 300 ft.
 Water-level when pumping: 305 ft.
 Water sample was sent to the state laboratory at:
Madison on June 13 1960
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay + rock	0	10
limestone	10	65
sandstone	65	110
limestone	110	385
sandstone	385	400

Construction of the well was completed on:
April 11 1960

The well is terminated 12 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
 Registered Well Driller

R3, Box 36 Rosobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd. JUN 14 1960 10991

Ans'd _____
 Interpretation SAFE—BACTERIOLOGICALLY

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

Examiner _____