

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

1. County Crawford Town Wauzeka 7N, 5W Sec 22
Village
City
Check one and give name

2. Location on H-way #60 - 4 miles W of Wauzeka
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Porter School Dist #2
Name of individual, partnership or firm

4. Mail Address Wauzeka wis RFD #1
Complete address required

5. From well to nearest: Building 5 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: School

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	4			
5"	4	96			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Stain Steel		
	Blk pipe	44	Used

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 11 Hrs. at 6 GPM.
 Depth from surface to water-level: 40 ft.
 Water-level when pumping: Same ft.
 Water sample was sent to the state laboratory at:
Madison on Sept 7 1955
City Returned Safe

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Heavy Blk Soil	0	4
Sand with Muck	4	10
Clay-mudstone	10	40
Gravel water	40	90
Sand Stone	90	96

RECEIVED

AUG 15 1957

**ENVIRONMENTAL
 SANITATION**

Construction of the well was completed on:

August 30 1955

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 P.O. Box 175 Boscobel wis.
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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