

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

W-1 6

See Instructions on Reverse Side

1. County Crawford Town Thaunzka Village City Check one and give name

2. Location Section ~~33~~ 33 R-~~4~~ 5-W T-7-~~2~~ N
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Earl Colson
Name of individual, partnership or firm

4. Mail Address Thaunzka RFD
Complete address required

5. From well to nearest: Building 20 ft; sewer 60 ft; drain 60 ft; septic tank 75 ft;
 dry well or filter bed 100 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	79	6	79	230

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard	0	79

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	20
Cement	20	79

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 20 GPM.
 Depth from surface to water-level: 190 ft.
 Water-level when pumping: 200 ft.
 Water sample was sent to the state laboratory at:
Madison on Dec 22 1965
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	20
Sandstone Loam	20	75
Lime Rock	70	230

Construction of the well was completed on:
Dec, 8 1965

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 Demeth Cyprian
Registered Well Driller

Boxed Wisc R-3
Complete Mail Address

Please do not write in space below

Rec'd DEC 23 1965 No. 34597

Ans'd DEC 27 1965

Interpretation Safe
Bacteriologically

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	---	---	---	---	---
48 hrs.	---	---	---	---	---
Confirm	0	0	0	0	0
B. Coli	---	---	---	---	---
Examiner	---	---	---	---	---