

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

RECEIVED
APR 27 1950
SANITARY ENG.

1. County Crawford Town Village City Wauzeka
Check one and give name
2. Location Wauzeka, Wis. Sec 15, T7N, R6W
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Robert Zimmerman
Name of individual, partnership or firm
4. Mail Address Prairie du Chien, Wis.
Complete address required
5. From well to nearest: Building 100 ft; sewer none ft; drain none ft; septic tank none ft;
 dry well or filter bed none ft; abandoned well none ft.
6. Well is intended to supply water for: Farm and Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	39			
7	39	401			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Standard Wgt. Steel Pipe	0	39

9. GROUT:

Kind	From (ft.)	To (ft.)
Concrete	0	28
Neat Cement	28	39

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
 Depth from surface to water-level: 345 ft.
 Water-level when pumping: 355 ft.
 Water sample was sent to the state laboratory at:
Madison on 19
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Dirt	0	8
Galena Limestone	8	55
Platteville Limestone	55	71
Trenton Limestone	71	87
Clay Bed	87	89
Trenton Limestone	89	140
St. Peters Sand	140	199
Prairie du Chien Lime	199	401

Construction of the well was completed on:
March 29 1950

The well is terminated 8 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 Kabel Bros
 Registered Well Driller

222 Madison St. Platteville, Wis..
 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 _____