

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

REC-100
Vol 6
APR 12 1965

1. County Crawford } Town Marietta
 Village
 City Check one and give **SANITARY ENGINEERING**

2. Location Section 20 Range 4-6 N Town 8 N
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Charles Day
 Name of individual, partnership or firm

4. Mail Address R 70 Hauzeka, Wis.
 Complete address required

5. From well to nearest: Building 75 ft; sewer 100 ft; drain 100 ft; septic tank 115 ft;
 dry well or filter bed 120 ft; abandoned well 15 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	130	6	130	360

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	130

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	20
Cement	20	130

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 20 GPM.
 Depth from surface to water-level: 300 ft.
 Water-level when pumping: 300 ft.
 Water sample was sent to the state laboratory at:
Madison on 4-5 1965
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	20
soft sandstone	20	110
limestone	110	210
sandstone	210	315
limestone	315	360

Construction of the well was completed on:
Mar. 29 1965

The well is terminated 18 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 Coppians
 Registered Well Driller

R3, Box 36 Boscobel, Wis.
 Complete Mail Address 53805

Please do not write in space below

Rec'd APR 6 1965 No. 12898
 Ans'd 9961 8 NIV APR 8 1965
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 00000
 Examiner _____