

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

W-1 6

See Instructions on Reverse Side

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

2. Location Section 21 T-8-N R4-0-W Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent John Kisting Name of individual, partnership or firm

4. Mail Address RFD Stangeka, Wis Complete address required

5. From well to nearest: Building 12 ft; sewer 50 ft; drain 50 ft; septic tank 60 ft; dry well or filter bed 75 ft; abandoned well 0 ft.

RECEIVED
DEC 23 1965
BENTLEY'S
ENGINEERS

6. Well is intended to supply water for: Factory

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	41	6"	41	390

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard	0	41

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	41

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 15 GPM.

Depth from surface to water-level: 300 ft.

Water-level when pumping: 365 ft.

Water sample was sent to the state laboratory at: Madison on Dec. 22 1965

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
Broken Lime Rock	15	25
Lime stone	25	200
Sandstone	200	290
Lime rock	290	390

Construction of the well was completed on: Oct. 25 1965

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 Benneth Copman Registered Well Driller

Bonabel Wise R-3 Complete Mail Address

Please do not write in space below

Rec'd DEC 23 1965 No. 34599

Ans'd DEC 27 1965

Interpretation Safe Bacteriologically

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm 00000

B. Coli _____

Examiner _____