

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

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

2. Location Section 28 Town 8N Range 4W **RECEIVED**
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Jay Pitzer OCT 21 1958
Name of individual, partnership or firm

4. Mail Address Wauzeka, Wis. **ENVIRONMENTAL SANITATION**
Complete address required

5. From well to nearest: Building _____ ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well 35 ft. on upper Hill side

6. Well is intended to supply water for: farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	43'			
6	43'	256'			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	6" steel pipe	0	43'

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	43

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 5 GPM.
 Depth from surface to water-level: 200 ft.
 Water-level when pumping: 200 ft.
 Water sample was sent to the state laboratory at:
Madison on 19
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	10
Br. Limestone, soft	10	14
Br. Limestone, hard	14	60
Limestone + flint	60	75
Gray limestone	75	216
Jordan sandstone	216	256

Construction of the well was completed on:
Oct 11 1958

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 Duane Lubbers
Registered Well Driller

Farmersburg, Ia
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 _____