

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Section 32 town 8N Range 4E
Name of street and number of premise or Section, Town and Range number

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

4. Mail Address Wauzeka, Wis.
Complete address required

5. From well to nearest: Building 10 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

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	46	6	46	265
10	0	46			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Pileless Unit	0	7
6	Steel pipe	7	46

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	7	46

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 12 GPM.
 Depth from surface to water-level: 245 ft.
 Water-level when pumping: 255 ft.
 Water sample was sent to the state laboratory at:
Madison on Dec 15 1953
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Redrilled from	105'	
Flint + Dolomite	105'	240
Sandstone	240	265

Construction of the well was completed on:
Dec 12 1953

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 Farmerburg Well cont. Farmerburg, Iowa
Registered Well Driller 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 _____