

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

RECEIVED  
JAN 30 1950  
BUREAU  
SAN. ENG.

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

2. Location Wauzeka, Wis. / Township  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Gordon Kieser  
Name of individual, partnership or firm

4. Mail Address Präire Du Chein, Wis.  
Complete address required

5. From well to nearest: Building 90 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.)
9	0	28	6½	320	446
7	28	320			

**8. CASING AND LINER PIPE OR CURBING:**

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Standard Wgt. Steel Pipe	0	28

**9. GROUT:**

Kind	From (ft.)	To (ft.)
Concrete	0	20
Neat Cement	20	28

**11. MISCELLANEOUS DATA:**

Yield test: \_\_\_\_\_ Hrs. at \_\_\_\_\_ GPM.  
 Depth from surface to water-level: 372 ft.  
 Water-level when pumping: \_\_\_\_\_ ft.  
 Water sample was sent to the state laboratory at:  
Madison on Jan 20 1950  
City

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
Dirt	0	9
Galena Limestone	9	26
Trenton Lime	26	109
Clay Bed	109	112
St. Peters Sand	112	216
Clay bed	216	219
Praire Du Chien Lime	219	424
Willow Spring Sand	424	445
Praire Du Chein Lime	445	446

Construction of the well was completed on:  
Dec. 10 1949

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 Kabele Bros. 222 Madison St. Platteville, Wis.  
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	_____	_____	_____	_____	_____