

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

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

2. Location Kauszka, Wis. Sec 17, T7N, R4W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Edward Schmidt
Name of individual, partnership or firm

4. Mail Address Kauszka, Wis.
Complete address required

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

6. Well is intended to supply water for: home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	65

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	35
Cement	35	40

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 10 GPM.
Depth from surface to water-level: 35 ft.
Water-level when pumping: 35 ft.
Water sample was sent to the state laboratory at:
Madison on June 30 1958
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
limestone	0	20
shalestone	20	65

RECEIVED

JUL 8 1958

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:
June 3 1958

The well is terminated 6 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 Conran
Registered Well Driller

P 3 Box 36 Boersel, Wis.
Complete Mail Address

Please do not write in space below

Rec'd JUL 1 - 1958 19318

Ans'd _____

Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____