

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wsl 6

See Instructions on Reverse Side

RECEIVED

7

1. County Crawford

Town  Hauzeka  
 Village   
 City  Check one and give name

2. Location NE NWSE, Sect 18 Block 7N West 4 7 7N R 4W  
 Name of street and number of premise or Section, Town and Range numbers

AUG 20 1963

3. Owner  or Agent  Dan Hazen  
 Name of individual, partnership or firm

SANITARY ENGINEERING

4. Mail Address Hauzeka, Wisconsin  
 Complete address required

5. From well to nearest: Building 8 ft; sewer 50 ft; drain 25 ft; septic tank 75 ft;  
 dry well or filter bed 0 ft; abandoned well 0 ft.

FEB 25 1965

6. Well is intended to supply water for: Home

SANITARY ENGINEERING

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	45			

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
loose sand	0	30
sandstone	30	45

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
none		

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.

Depth from surface to water-level: 30 ft.

Water-level when pumping: 30 ft.

Water sample was sent to the state laboratory at:  
Madison on Aug 13 1963  
 City

Construction of the well was completed on:

July 31 1963

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 Kenneth Coplan  
 Registered Well Driller

R3 Box 36, Boscobel, Wis  
 Complete Mail Address

Please do not write in space below

Rec'd AUG 14 1963 No. 34265

Ans'd \_\_\_\_\_

Interpretation \_\_\_\_\_

SAFE - BACTERIOLOGICALLY

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	_____	_____	_____	_____	_____
48 hrs.	_____	_____	_____	_____	_____
Confirm	_____	_____	_____	_____	_____
B. Coli	_____	_____	_____	_____	_____

Examiner \_\_\_\_\_