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

APR 1 1 1963

1. County Crawford Town  Village  Wauzeka City   
*per map from MSA* SE, SW, NE Section 18 Township 7 North Range 4 **ENGINEERING**  
Name of street and number of premises or Section, Town and Range numbers R4W

3. Owner  or Agent  Percy Jones  
Name of individual, partnership or firm

4. Mail Address Wauzeka, Wis  
Complete address required

5. From well to nearest: Building 9 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: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	62'			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	pipe + shoe	0	41

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 15 GPM.  
Depth from surface to water-level: 17' ft.  
Water-level when pumping: 17 ft.  
Water sample was sent to the state laboratory at:  
Madison on Mon Apr 8 1963  
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
sand + gravel	0	41
shale - hard	41	59
sandstone	59	62

Construction of the well was completed on:  
Mar 29 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 Duane Lubbers Parkersburg, Iowa  
Registered Well Driller Complete Mail Address  
Please do not write in space below

Rec'd _____ No. _____	10 ml	10 ml	10 ml	10 ml	10 ml
Ans'd _____	Gas—24 hrs. _____				
Interpretation _____	48 hrs. _____				
	Confirm _____				
	B. Coll _____				
	Examiner _____				