

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 15 7N5W T7N R5W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Mr. Louis Cathman
Name of individual, partnership or firm

4. Mail Address R.F.D. Wauzeka, Wisconsin
Complete address required

5. From well to nearest: Building 15 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 15 ft.

6. Well is intended to supply water for: farm & home

RECEIVED
JAN 25 1960

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	182	6	182	450

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	standard wt.	0	182

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	10	182
Clay	0	10

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 8 GPM.
Depth from surface to water-level: 350 ft.
Water-level when pumping: 350 ft.
Water sample was sent to the state laboratory at:
Madison on Jan. 18 1960
City

10. FORMATIONS:

Kind	ENVIRONMENTAL SANITATION	
	From	To
Clay	0	25
broken stone & clay	25	80
limestone	80	200
sandstone	200	320
limestone	320	400
sandstone	400	425
shalestone	425	450

Construction of the well was completed on:
December 14 1959

The well is terminated 12 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 Coyman
Registered Well Driller

R3 Box 36, Boscobel, Wis.
Complete Mail Address

Rec'd JAN 19 1960 No. 1740

Ans'd SAFE
Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs. _____
48 hrs. _____
Confirm _____
B. Coli 0
Examiner _____

CR
360