

U20B18

Box 45

Wol 6

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

86

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

2. Location Section 9 T8 N R3W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Thomas Tucker
Name of individual, partnership or firm

4. Mail Address Steubens, Wis.
Complete address required

5. From well to nearest: Building 8 ft; sewer 0 ft; drain 10 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 75 ft.

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

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	85	6	85	100

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt	0	85

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	75
Cement	75	85

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 20 GPM.
Depth from surface to water-level: 40 ft.
Water-level when pumping: 40 ft.
Water sample was sent to the state laboratory at:
Madison on Sept 22 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
red clay	0	25
limestone	25	50
shalestone	50	75
sandstone	75	100

Construction of the well was completed on:
November 10 1958

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 Coyria
Registered Well Driller

R3, Box 36, Boscobel, Wis.
Complete Mail Address

Please do not write in space below

Rec'd SEP 23 1959 33566
Ans'd _____
Interpretation **SAFE**

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

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