

**WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH**

See Instructions on Reverse Side

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

2. Location S. W 1/4 of Sec # 18 - Twp 7 N. R. 3 W. T8N  
 Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Henry Kellar  
 Name of individual, partnership or firm

4. Mail Address Boscobel, Wis. R. F. D. # 2.  
 Complete address required

5. From well to nearest: Building 7 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: Farm

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	6'			
5"	6	72'			

**8. CASING AND LINER PIPE OR CURBING:**

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Stam Steel Black pipe	55	Used

**9. GROUT:**

Kind	From (ft.)	To (ft.)

**11. MISCELLANEOUS DATA:**

Yield test: 8 Hrs. at 5 GPM.  
 Depth from surface to water-level: 10 ft.  
 Water-level when pumping: Same ft.  
 Water sample was sent to the state laboratory at:  
Madison on July 3 1953  
city

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
Sandy Soil	0	10'
Sand Gravel water	10	66
Sand Stone	66	72

**RECEIVED**  
 AUG 15 1957  
 ENVIRONMENTAL  
 SANITATION

Construction of the well was completed on:  
June 29, 1953

The well is terminated 14" inches  
 above, below  the permanent ground surface.

Was the well disinfected upon completion?  
 Yes yes No \_\_\_\_\_

Was the well sealed watertight upon completion?  
 Yes yes No \_\_\_\_\_

Signature H. W. Bartels P.O. Box 175 - Boscobel, Wis.  
 Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd \_\_\_\_\_ No. \_\_\_\_\_  
 Ans'd \_\_\_\_\_  
 Interpretation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 ml 10 ml 10 ml 10 ml 10 ml  
 Gas—24 hrs. \_\_\_\_\_  
 48 hrs. \_\_\_\_\_  
 Confirm \_\_\_\_\_  
 B. Coli \_\_\_\_\_  
 Examiner \_\_\_\_\_