

County Crawford Twp. Marietta Sec. 11
 Section 11 T8N R4W

**TO THE WISCONSIN STATE BOARD OF HEALTH,
 WELL DRILLING DIVISION, MADISON, WIS.**

WELL LOG PREMISES DIAGRAM, and REPORT

For Official Record of the Board

[TO BE USED FOR THAT PURPOSE ONLY]

Owner Posey School DIST # 6 Driller Henry W Bartel
(If a joint ownership give name of responsible official. Also name of each individual holding an interest. Use a separate sheet and attach hereto.)
 Address Steuben Wis Address Bozard Wis
(City, village, township, county)
 Date of Report Sept 2 1938
 Registration No. 65

Give below the location of the property on which well is drilled.

If incorporated village or city: _____

If unincorporated hamlet: _____

If Lake Shore Plat: _____

If Subdivision: _____

If Farm: _____

If School: Crawford County Marietta Twp. 11 Sec. _____ Highway _____
County Twp. Sec. District

If other public building: _____

WELL LOG and REPORT

Kind of casing and liner in feet. Kind of shoe. Indicate grout, screen, seal, etc.	WELL DIAGRAM Vertical Lines = in. Dia. Horizontal Lines = ft. Depth Use a red line to show casing	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
Heavy Steel Csg Forged Steel Shoe			Duration of test: _____ Hours: _____ Pumping Rate: _____ G. P. M.: _____ Depth of pump in well: <u>36'</u> Ft. _____ Standing water-level (from surface): <u>52'</u> Ft. _____ Water level when pumping: _____ Ft. _____ Water, End of test. Check: Clear _____ Cloudy _____ Turbid _____ Was well sterilized before test? Yes _____ No _____ Date: _____ To which Laboratory was sample sent? _____ Date: _____ Was the well sealed on completion? Yes <input checked="" type="checkbox"/> No _____ How high did you leave casing above grade? <u>30"</u> _____ Well was completed <u>Aug 26</u> 19 <u>38</u> Well Driller: <u>Henry W Bartel</u> Signature: _____ <small>(Be sure to complete the report on the reverse side)</small>

WGNHS ORIGINAL