

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

RECEIVED
BUREAU
SAN. ENG.
JUN 19 1949

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

2. Location Town of Marietta
Name of street and number of premise or section, Town and Range numbers

Sec 23, T8N, R4W

3. Owner or Agent Floyd Ward
Name of individual, partnership or firm

4. Mail Address Boscobel, Wis.
Complete address required

5. From well to nearest: Building 155 ft; sewer none ft; drain none ft; septic tank none ft;
dry well or filter bed none ft; abandoned well none ft.

6. Well is intended to supply water for: Farm and Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	23			
6	23	252			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Standard Wgt Steel Pipe	0	25

9. GROUT:

Kind	From (ft.)	To (ft.)
Concrete	0	17
Neat Cement	17	25

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
Depth from surface to water-level: 205 ft.
Water-level when pumping: _____ ft.
Water sample was sent to the state laboratory at:
Madison on October 7, 1949
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>Birt</u>	<u>0</u>	<u>7</u>
<u>St. Peters Sand</u>	<u>7</u>	<u>42</u>
<u>Praire Du Chien Limestone</u>	<u>42</u>	<u>252</u>

Construction of the well was completed on:
August 29, 1949

The well is terminated 8 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 Kabele Bruch
Registered Well Driller

222 Madison St. Platteville, Wis.
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 _____