

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Sec # 23 - 4 N - R 1 W. (8N, 4W)
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Virgil Schebel
Name of individual, partnership or firm

4. Mail Address Wausau, Wis.
Complete address required

5. From well to nearest: Building 14 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.)
12"	0	5			
5"	5	78			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Stan Steel Blk pipe	45 ft	used

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 5 GPM.
 Depth from surface to water-level: _____ ft.
 Water-level when pumping: 26 ft.
 Water sample was sent to the state laboratory at:
Madison on June 11 1956
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Heavy Top soil	0	5
Clay bank water	5	72
Sand Stone	72	78

RECEIVED
 AUG 15 1957
 ENVIRONMENTAL
 SANITATION

Construction of the well was completed on:
June 6 1956

The well is terminated 15" 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 _____