

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 # 26 - 24th 4th N R 1 N (8NR4W)
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent George Stanley
Name of individual, partnership or firm

4. Mail Address Wauzeka Wis. R.F. - D # 2.
Complete address required

5. From well to nearest: Building 15 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	3			
5"	3	63			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 5 GPM.
 Depth from surface to water-level: 23 ft.
 Water-level when pumping: Est Same ft.
 Water sample was sent to the state laboratory at:
Madison City Last Oct on Nov 26 1956
Returns Safe

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Heavy Rich Soil	0	8
Clay Moisture	8	20
Gravel Sand Water	20	58
Sand Rock	58	63.

RECEIVED

AUG 15 1957

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:
August 15 1956

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 Registered Well Driller P.O. Box 175 Bescoebul 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 _____