

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

161 6

1. County Crawford Town Marietta
 Village City Check one and give name.
 2. Location Section ~~3~~ T. 28 N. R. 4 W
Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Fred Reiger
Name of individual, partnership or firm
 4. Mail Address R 7 D Hazel, Wis.
Complete address required
 5. From well to nearest: Building 10 ft; sewer 200 ft; drain 200 ft; septic tank 250 ft;
 dry well or filter bed 260 ft; abandoned well 0 ft.

Sec 28
T 28 N R 4 W

6. Well is intended to supply water for: farm home

FEB 25 1965

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	44	6	44	210

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	44

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	44

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.
 Depth from surface to water-level: 180 ft.
 Water-level when pumping: 180 ft.
 Water sample was sent to the state laboratory at:
Madison on 10-22 1962
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
limestone	15	45
<u>This was an old well being re-paired</u>		

Construction of the well was completed on:

7-11 1962

The well is terminated 10 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 Kenneth Coplan
Registered Well Driller

R 3 Box 36, Boscobel, Wis.
Complete Mail Address

Please do not write in space below

Rec'd OCT 23 1962 No. 40458

Ans'd _____

Interpretation _____

SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coll 0

Examiner _____

567