

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH Vol 6
 See Instructions on Reverse Side

1. County Crawford Town Haaseka
Village
City Check one and give name APR 28 1965

2. Location Section 34 Town 7-8N Range 4W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Ernest Lewig
Name of individual, partnership or firm

4. Mail Address R 70 Haaseka, Wis., 53826
Complete address required

5. From well to nearest: Building 25 ft; sewer 60 ft; drain 65 ft; septic tank 80 ft;
 dry well or filter bed 90 ft; abandoned well 0 ft.

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

R. L. D.
 SANITARY
 ENGINEERING

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	61	6	61	330

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	61

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	61

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 15 GPM.
 Depth from surface to water-level: 270 ft.
 Water-level when pumping: 280 ft.
 Water sample was sent to the state laboratory at:
Madison on 4-27 1965
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
sandrock	15	38
loose limerock	38	52
limerock	52	270
sandrock	270	330

Construction of the well was completed on:
April 1 1965

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 Sumner Copson
 Registered Well Driller

R 3 Box 36 Boscobel, Wis.
 Complete Mail Address 53805

Please do not write in space below

Rec'd APR 28 1965 No. 16532
 Ans'd APR 30 1965
 Interpretation SAFE BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 00000
 Examiner _____