

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

1. County Crawford Town Seneca Sec 14 T9 N5 W
Village
City Check one and give name

2. Location one mile east of Seneca
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Joe Garvey
Name of individual, partnership or firm

4. Mail Address Seneca, Wisconsin
Complete address required

5. From well to nearest: Building 8 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 100 ft.

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

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	156	6	156	243

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard	0	157

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	157

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
Depth from surface to water-level: 18.5 ft.
Water-level when pumping: 18.5 ft.
Water sample was sent to the state laboratory at:
Madison on Nov. 24 1954
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
sandy sandstone	0	20
broken stone	20	120
Clay	120	185
sandstone	185	205
	205	244

Construction of the well was completed on:
November 19 1954

The well is terminated 6 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 Coyman
Registered Well Driller

Boxed Wisconsin
Complete Mail Address

Rec'd Nov 25 1954 No. 37508

Ans'd _____
Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. 0
48 hrs. 0

Confirm _____
B. Coli 0/3
Examiner _____