

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Section 17 (9N, R5W)
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Ivan Du Charme
Name of individual, partnership or firm

4. Mail Address R. 7. D. Seneca, Wis.
Complete address required

5. From well to nearest: Building 50 ft; sewer 100 ft; drain 125 ft; septic tank 150 ft;
dry well or filter bed 200 ft; abandoned well 0 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.)
9"	0	40	5"	40	475

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Standard wt.	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	20
Cement	20	40

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 8 GPM.
 Depth from surface to water-level: 400 ft.
 Water-level when pumping: 400 ft.
 Water sample was sent to the state laboratory at:
Madison on Oct. 21 1959
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	20
limestone	20	40
reconstructed well	300	475

RECEIVED

OCT 30 1959

ENVIRONMENTAL SANITATION

Construction of the well was completed on:
September 8 1959

The well is terminated 12 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 R3 Box 36 Boscobel, Wis.
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd. OCT 22 1959 No. 37742

Ans'd _____
Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
48 hrs. _____
Confirm 0

B. Coli _____

Examiner _____