

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location N.E. 1/4 & N.W. 1/4 of Sec 26 Range 9, T. 19N R. 5W Sec 26
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent John Michel
Name of individual, partnership or firm

4. Mail Address Seneca Wis
Complete address required

5. From well to nearest: Building 100 ft; sewer None ft; drain _____ ft; septic tank None ft;
 dry well or filter bed None ft; abandoned well None ft.

6. Well is intended to supply water for: Home and Stock

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	42	6	42	350

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Black Pipe	0	42

9. GROUT:

Kind	From (ft.)	To (ft.)
Best Cement	8	42

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 10 GPM.
 Depth from surface to water-level: 275 ft.
 Water-level when pumping: 290 ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Surface Clay & Ballo	0	12
Magnesian	12	270
Drabak Sandstone	270	350

RECEIVED
 JUN 3 1959
 ENVIRONMENTAL
 SANITATION

Construction of the well was completed on:
May 20th 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 Tony Bente Registered Well Driller Box 503 Cuba City Wis Complete Mail Address
Please do not write in space below

Rec'd MAY 28 1959 No. 14265

Ans'd _____ Interpretation _____

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	_____	_____	_____	_____	_____
48 hrs.	_____	_____	_____	_____	_____
Confirm	_____	_____	_____	_____	_____
B. Coli	_____	_____	_____	_____	_____

Examiner _____