

TO THE WISCONSIN STATE BOARD OF HEALTH,
 WELL DRILLING DIVISION, MADISON, WIS.

WELL LOG, PREMISES DIAGRAM, and REPORT

For Official Record of the Board.
 (TO BE USED FOR THAT PURPOSE ONLY)

Owner Edward Duha Driller Wm. Daghon, Sr. Permit #396
(If a joint ownership give name of responsible official. Also name of each individual holding an interest. Use a separate sheet and attach hereto.)
 Address RPD1
 Address Stauben, Wisconsin
(City, village, township, county)
 Date of Report April 27 1942

Registration No.
 Give below the location of the property on which well is drilled.
 If incorporated village or city:
 If unincorporated hamlet:
 If Lake Shore Plat:
 If Farm: Crawford Seneca
Name of Plat Lake Lot Blk. Street
 If School:
Name County Twp. Highway
 If other public building:
Name County Twp. Sec. District
 Miscellaneous:
Name County Twp. Sec.

WELL LOG and REPORT

Screens, Seals Grouts, etc.	Well Diagram (Each vertical line equals 1')	Kind of Casing, liner, shoe, etc. (Each horizontal line equals 5')	Formations State if dry or water bearing	Record of FINAL Pumping Test
		6 in Galvanized casing	Loose rock and dirt for 5 feet, sand rock for 220 feet	Duration of test: Hours <u>2</u> Pumping Rate, $\frac{1}{2}$ G. P. M. <u>5</u> Depth of pump in well: Ft. <u>220 ft</u> Standing water-level (from surface.) Ft. <u>150</u> Water level when pumping Ft. <u>150</u> Water, End of test, Check: Clear <u>clear</u> Cloudy _____ Torbid _____ Was well sterilized before test? Yes _____ No <u>NO</u> Date _____ To which Laboratory was sample sent? <u>21105</u> <u>Lab. of Hygiene</u> Date <u>3/19/42</u> Was the well sealed on completion? Yes <u>YES</u> No _____ How high did you leave casing above grade? <u>16</u> Well was completed <u>Jan. 28, 1942</u> Well Driller: <u>Wm. Daghon, Sr.</u> Signature. <small>(Be sure to complete the report on the reverse side)</small>

WGNHS ORIGINAL