

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 Sec # 12 - R 6W - Twp Seneca (9N)
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Everett Creson (note - address was Lynville until Jan/957)
Name of individual, partnership or firm

4. Mail Address Seneca, Wisconsin R T D # 4
Complete address required

5. From well to nearest: Building 6 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	4			
6	4	68			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Star Steel Blk pipe	45	Used

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 6 GPM.

Depth from surface to water-level: 27 ft.

Water-level when pumping: same ft.

Water sample was sent to the state laboratory at:
Madison on Aug 26 1956
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Rich Heavy soil	0	4
Sandy with moisture	4	15
Sand gravel water clay	15	63
Sand Stone	63	68

RECEIVED

AUG 15 1957

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:

August 11 1956

The well is terminated 15" inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes yes No _____

Was the well sealed watertight upon completion?

Yes yes No _____

Signature H. W. Bartels P.O. Box 175 Bescohed Wis
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____