

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wol 6

See Instructions on Reverse Side

1. County Crawford Town Seneca
 Village
 City Check one and give name
2. Location Section 23 T9N R6W
 Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Mr. Fred Hinderberger
 Name of individual, partnership or firm
4. Mail Address R7A Eastman, Wisconsin
 Complete address required
5. From well to nearest: Building 20 ft; sewer 60 ft; drain 60 ft; septic tank 75 ft;
 dry well or filter bed 85 ft; abandoned well 0 ft.
6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	73	6	73	90

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	73

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay & loose stone	0	60
Cement	60	73

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 20 GPM.
 Depth from surface to water-level: 60 ft.
 Water-level when pumping: 60 ft.
 Water sample was sent to the state laboratory at:
Madison on June 3 1963
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Loose stone & clay	0	60
sandstone	60	90

RECEIVED

JUN 10 1963

SANITARY ENGINEERING

Construction of the well was completed on:

April 15 1963

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
 Registered Well Driller

R3 Box 36, Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd JUN -4 1963 No. 19326

Ans'd _____

Interpretation _____

SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli C

Examiner _____