

**WELL RECORD REQUEST FORM - *FOR A SPECIFIC REPORT***

**may be faxed or mailed to:**

**Fax: 608-262-8086**

Wisconsin Geological and Natural History Survey  
3817 Mineral Point Road, Madison, WI 53705-5100  
Telephone: Irene Lippelt: 608/262.7430

FROM: Name \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please complete the payment information at the bottom of this form. Thank you.

**REQUEST FOR A SPECIFIC REPORT (items in bold type must be filled in):**

**Well location: Quarter Section(s) Section Township Range E or W County**  
**\_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_**

**Date well was drilled** \_\_\_\_\_

(if exact year is unknown, please at least give some range of dates, or minimum age of well)

Street address of well (when well was drilled) \_\_\_\_\_

If in a subdivision: Name \_\_\_\_\_ Lot(s) \_\_\_\_\_ Block \_\_\_\_\_

Type of facility (when well was drilled) \_\_\_\_\_

Owner (when well was drilled) \_\_\_\_\_

Builder \_\_\_\_\_ Driller \_\_\_\_\_

Wisconsin Unique Well Number ( *this is only useful if constructed ≥1988*) \_\_\_\_\_

If requested report is **not** found (average success rate for a search is only 50%), do you want report(s) that **may** match your well, but that either list insufficient data to be certain (such as a partial address), or that cannot be matched because your information was incomplete (no owner)?  **yes**  **no**.

If there is no match, and are no "maybes", do you want other reports in the area?  **yes**  **no**.

SPECIAL INSTRUCTIONS (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: All orders are sent first class mail unless you specify pickup or sending by fax or FedEx.**

If you need this material in an alternative format, please contact the Wisconsin Geological and Natural History Survey (608/262.1705) or the UWEX Affirmative Action Office.

Signature \_\_\_\_\_ Project number or billing code \_\_\_\_\_

MasterCard  or Visa  Acct. # \_\_\_\_\_ Expiration \_\_\_\_\_ - \_\_\_\_\_

Note: Prepayment is required **except** for a few Wisconsin companies which have billing agreements with our map sales department.

Document name: WCRspecificorder.idl.wpd Revised: July 16, 2012