

**WELL RECORDS REQUEST FORM - for paper copies FOR AN AREA**

**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: Roger Peters: 608/263.7387; 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.

**TYPE (& dates for WCRs) OF RECORDS REQUESTED: (PLEASE CHECK ALL THAT APPLY)**

**1. WELL CONSTRUCTOR'S REPORTS: 1936-79\_\_\_\_, 1980-89\_\_\_\_, 1990-95\_\_\_\_,  $\geq$  1995 from DNR-CD\_\_\_\_**

If there are only a few WCRs (or none) in the area you requested, do you want us to expand the search area? yes no. If you are ordering less than an entire section, do you want WCRs that do *not* list any 1/4 sections included? yes no. If you are ordering 1/4 1/4 section(s), do you want WCRs that list just one 1/4 section included? yes no.

Most WCRs (*except in Milwaukee & Waukesha Counties*) do NOT list more than one quarter section.

**2. GEOLOGIC LOGS: only within area requested\_\_\_\_ or up to ~1 mile away if few or none in area \_\_\_\_**

**AREA(S) FOR WHICH PAPER COPIES OF RECORDS ARE BEING REQUESTED:**

Quarter Section(s) (please use "of" or "and" between 1/4s)	Section	Township	Range (list E or W)	County
_____	of	_____	_____	_____
_____	of	_____	_____	_____
_____	of	_____	_____	_____
_____	of	_____	_____	_____
_____	of	_____	_____	_____
_____	of	_____	_____	_____
_____	of	_____	_____	_____
_____	of	_____	_____	_____

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.  
Revised: December 9, 2010