

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crowford Town Jerupilla
 Village Jerupilla
 City Jerupilla Check one and give name

2. Location Lot 1+2 block 12 - Watts Batts add Sec 9 T 10 N
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Jones Johnston
Name of individual, partnership or firm

4. Mail Address Jerupilla Wisc
Complete address required

5. From well to nearest: Building 10 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: Tavern

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	Top	78	4"	78	90

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11 lb		78

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	78

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
Depth from surface to water-level: _____ ft.
Water-level when pumping: _____ ft.
Water sample was sent to the state laboratory at:
_____ on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Increased this well - + Cemented casing		

Construction of the well was completed on: 9/16 1959

The well is terminated 44 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 Edwin W. Meyer
Registered Well Driller

Theresa J. Jones
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 _____