

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

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

2. Location Sec 9 - Town 10 N Range 6 W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Martin Miller
 Name of individual, partnership or firm

4. Mail Address Gay Mills Wisconsin
 Complete address required

5. From well to nearest: Building 8 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well 50 ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	top	68	4"	68	140

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	11 lbs steel	top	68

9. GROUT:

Kind	From (ft.)	To (ft.)
20% Cement	68	48
fill with clay & pp	48	top

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 4 GPM.
 Depth from surface to water-level: 63 ft.
 Water-level when pumping: 68 ft.
 Water sample was sent to the state laboratory at:
Madison on 10/15 1958
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	top	20
Shale	20	55
Sandstone	55	140

Construction of the well was completed on:
10/3 1958

The well is terminated 8 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

Thos. Albert Gowg
 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 _____