

# WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

Sec 19 T11N R3W

1. County Crawford (Town  Village  City  Soldiers Grove  
Check one and give name
2. Location 1 mile north of Soldiers Grove  
Name of street and number of premise or Section, Town and Range numbers
3. Owner  or Agent  Grant Turner  
Name of individual, partnership or firm
4. Mail Address Soldiers Grove  
Complete address required
5. From well to nearest: Building 8 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;  
 dry well or filter bed 0 ft; abandoned well 0 ft.
6. Well is intended to supply water for: Home

RECEIVED  
NOV 16 1955

ENVIRONMENTAL  
SANITATION

### 7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	70'			

### 8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	standard wt	0	60

### 9. GROUT:

Kind	From (ft.)	To (ft.)
sand	0	60

### 11. MISCELLANEOUS DATA:

Yield test: \_\_\_\_\_ Hrs. at \_\_\_\_\_ GPM.  
 Depth from surface to water-level: 25 ft.  
 Water-level when pumping: \_\_\_\_\_ ft.  
 Water sample was sent to the state laboratory at:  
Madison on Nov. 8 1955  
City

### 10. FORMATIONS:

Kind	From (ft.)	To (ft.)
black dirt, clay	0	20
loose sand	20	50
sandstone	50	90

Construction of the well was completed on:

Sept. 3 1955

The well is terminated 6 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 Copson  
Registered Well Driller

R. 3 Box 36 Boscobel, Wis.  
Complete Mail Address

Please do not write in space below

Rec'd NOV 9 1955 No. 88321

Ans'd \_\_\_\_\_  
Interpretation \_\_\_\_\_

**SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_

48 hrs. 0

Confirm \_\_\_\_\_

B. Coli 0/5

Examiner \_\_\_\_\_