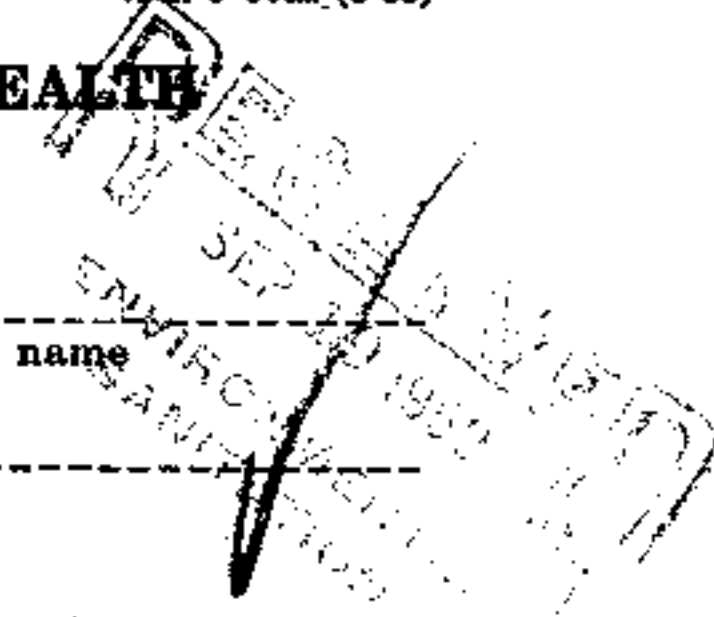


**WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH**  
 See Instructions on Reverse Side



1. County Crawford Town   
Village  Clayton Check one and give name  
City

2. Location R. 3 W. S. 25 T. 11 N  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Coher School Dist. I5 Fay Gander (clerk)  
Name of individual, partnership or firm

4. Mail Address Readstown  
Complete address required

5. From well to nearest: Building 15 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: School

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	60			
6	60	205			

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

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	std. blk.	0	60

**9. GROUT:**

Kind	From (ft.)	To (ft.)
Best Cement (pumped)	0	60

**11. MISCELLANEOUS DATA:**

Yield test: 1 Hrs. at 15 GPM.  
 Depth from surface to water-level: 125 ft.  
 Water-level when pumping: 165 ft.  
 Water sample was sent to the state laboratory at:  
Madison on Sept. 10 1952  
City

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
Topsoil	0	10
Limestone	10	40
Soft caving shale	40	60
Limestone	60	205

Construction of the well was completed on:

Sept. 3 1952

The well is terminated 10 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 O'Connor & Son  
Registered Well Driller

Spring Green  
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 \_\_\_\_\_