

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

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

2. Location Sec 31 R3E (T1N, 3W)
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Harold Fleisch
Name of individual, partnership or firm

4. Mail Address Soldiers Grove
Complete address required

5. From well to nearest: Building 20 ft; sewer _____ ft; drain _____ ft; septic tank 50 ft;
dry well or filter bed 75 ft; abandoned well 100 ft.

6. Well is intended to supply water for: Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	201			
6	201	273			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Std BIK	0	201

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	201

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 10 GPM.
Depth from surface to water-level: 180 ft.
Water-level when pumping: 225 ft.
Water sample was sent to the state laboratory at:
Madison on 5-21 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Top soil & Clay	0	35
limestone (openings & crevices)	35	150
limestone (clay pockets some cavine)	150	180
Shale	180	200
Sandy shale	200	273

RECEIVED

AUG 31 1959

Construction of the well was completed on:
5-11 1959
SANITATION

The well is terminated 16 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 Don O'Connor
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 _____