

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wsl 6

See Instructions on Reverse Side

1. County Crawford Town  Clayton  
 Village  City  Check one and give name  
 2. Location Section 32 Town 11N Range 3W R3W  
 Name of street and number of premise or Section, Town and Range numbers  
 3. Owner  or Agent  John Motzinger  
 Name of individual, partnership or firm  
 4. Mail Address R7 D Soldiers Grove, Wis.  
 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: Trailer home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	42	6	42	80

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	42

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	42

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 15 GPM.  
 Depth from surface to water-level: 50 ft.  
 Water-level when pumping: 50 ft.  
 Water sample was sent to the state laboratory at:  
Madison on July 22 1964  
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
soft shalestone	15	30
hard shalestone	30	80

Construction of the well was completed on:  
July 19 1964

The well is terminated 12 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 Coplan  
 Registered Well Driller

R3 Box 36 Boscobel, Wis.  
 Complete Mail Address

Please do not write in space below

Rec'd JUL 23 1964 No. 33073

Ans'd JUL 27 1964

Interpretation SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml  
 Gas—24 hrs. \_\_\_\_\_  
 48 hrs. \_\_\_\_\_  
 Confirm 00000  
 B. Coli \_\_\_\_\_

Examiner \_\_\_\_\_