

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH ^{Vol 6}
 See Instructions on Reverse Side

RECEIVED

1. County Crawford Town Clayton
 Village
 City Check one and give name
 2. Location Section 34 Range 3 SE T. 11 N
 Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Mr. Perry Henthorn
 Name of individual, partnership or firm
 4. Mail Address R 7 D Soldiers Grove, Wis.
 Complete address required
 5. From well to nearest: Building 8 ft; sewer 150 ft; drain 75 ft; septic tank 65 ft;
 dry well or filter bed 0 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Home & factory

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	48'	6"	48"	235'

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	48'

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	20
Cement	20	48

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 10 GPM.
 Depth from surface to water-level: 210 ft.
 Water-level when pumping: 210 ft.
 Water sample was sent to the state laboratory at:
Madison on 10-29 1962
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
blacktop soil	0	8
red clay	8	20
limestone	20	48

This was an old well recessed

Construction of the well was completed on:

11-9 1957

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 Herbert Copman
 Registered Well Driller

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

Please do not write in space below

Rec'd OCT 30 1962 No. 41167

Ans'd SAFE—BACTERIOLOGICALLY

Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 0

Examiner