

County Crawford Twp. Utica Sec. 34
 (Office Record—Do not fill in)
 Section 34, T-11N R-3W JUN 7 1946

TO THE WISCONSIN STATE BOARD OF HEALTH,
 WELL DRILLING DIVISION, MADISON, WIS. ✓

WELL LOG, PREMISES DIAGRAM, and REPORT

For Official Record of the Board.

(TO BE USED FOR THAT PURPOSE ONLY)

Owner Edwin Kugne Driller Carl Williams
 (If a joint ownership give name of responsible official. Also name of each individual holding an interest. Use a separate sheet and attach hereto.)
 Address Soldiers Grove Address Stuyville
 (City, village, township, county)
 Date of Report 11-19 1945
 Registration No. 103

Give below the location of the property on which well is drilled.
 If incorporated village or city: _____
 If unincorporated hamlet: _____
 If Lake Shore Plat: _____
 If Farm: Crawford Utica County Street County trunk
 If School: _____
 If other public building: _____
 Miscellaneous: _____

WELL LOG and REPORT

Screens, Seals Grouts, etc.	Well Diagram (Each vertical line equals 1')	Kind of Casing, liner, shoe, etc. (Each horizontal line equals 5')	Formations State if dry or water bearing	Record of FINAL Pumping Test
		<u>78 ft gas. casing</u>		Duration of test: Hours <u>4</u> Pumping Rate: _____ G. P. M. _____ Depth of pump in well: Ft. <u>234</u> Standing water-level (from surface): Ft. <u>206</u> Water level when pumping: Ft. _____ Water, End of test. Check: Clear <input checked="" type="checkbox"/> _____ Cloudy _____ Turbid _____ Was well sterilized before test? Yes <u>Yes</u> No _____ Date <u>9-17-1945</u> To which Laboratory was sample sent? <u>Madison</u> Date <u>11-19-1945</u> Was the well sealed on completion? Yes <input checked="" type="checkbox"/> No _____ How high did you leave casing above grade? <u>1 1/2 ft</u> Well was completed <u>9-12</u> 19 <u>45</u> Well Driller: <u>Carl Williams</u> Signature. (Be sure to complete the report on the reverse side)

WGNHS ORIGINAL