

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 Melvin Swiggom Driller Eugene Miller  
 (If a joint ownership give names of responsible officials. Also name of each individual holding an interest. Use a separate sheet and attach hereto.)  
 Address Goldiers Grove Address Readstown  
 (City, village, township, county) Wis  
 Date of Report March 1939  
 Registration No. 182

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 Subdivision \_\_\_\_\_  
 ✓ If Farm Melvin Swiggom County Crawford Twp. Utica Sec. 32 Lot \_\_\_\_\_ Blk. \_\_\_\_\_  
 If School \_\_\_\_\_  
 If other public building \_\_\_\_\_

WELL LOG and REPORT

Kind of casing and liner in feet. Kind of shoe. Indicate grout, screen, seal, etc.	WELL DIAGRAM Vertical Lines = in. Dia. Horizontal Lines = ft. Depth Use a red line to show casing	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
<u>Heavy iron casing</u> <u>Hand forged</u> <u>Lime stone</u> <u>Cutting grout</u>		<u>Clay Soil</u>  <u>Lime stone 25'</u>  <u>Lime stone</u>  <u>crack</u> <u>90° crevice</u> <u>112</u>  <u>205 white sand stone</u>  <u>308'</u> <u>308'</u>	Duration of test. Hours <u>6</u>  Pumping Rate. G. P. M. <u>10</u>  Depth of pump in well. Ft. <u>298'</u>  Standing water-level (from surface) Ft. <u>258</u>  Water level when pumping Ft. <u>258</u>  Water. End of test. Check: Clear _____ Cloudy _____ Turbid _____  Was well sterilized before test? Yes _____ No _____  Date _____  To which Laboratory was sample sent? Date _____  Was the well sealed on completion? Yes <input checked="" type="checkbox"/> No _____  How high did you leave casing above grade? <u>12"</u>  Well was completed <u>Aug</u> 19 <u>39</u>  Well Driller: <u>Eugene Miller</u> Signature.  (Be sure to complete the report on the reverse side)

WGNHS ORIGINAL