

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Soldiers Grove
 Village City Check one and give name
2. Location 2 miles south of Soldiers Grove (T1N,4W)
 Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Mallory Halverson Section 36
 Name of individual, partnership or firm
4. Mail Address Soldiers Grove, R.7.D.
 Complete address required
5. From well to nearest: Building 6 ft; sewer 50 ft; drain 75 ft; septic tank 75 ft;
 dry well or filter bed 100 ft; abandoned well 100 ft.

6. Well is intended to supply water for: farm home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	100

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt.	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	30
Cement	30	40

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 20 GPM.

Depth from surface to water-level: 40 ft.

Water-level when pumping: 40 ft.

Water sample was sent to the state laboratory at:

Madison on Oct. 29 1958
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	5
sandstone	5	65
shalestone	65	100

RECEIVED

NOV 5 1958

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:

October 1 1958

The well is terminated 6 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 Coyman
 Registered Well Driller

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

Please do not write in space below

Rec'd OCT 30 1958

No. 35790

10 ml 10 ml 10 ml 10 ml 10 ml

Ans'd SAFE

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____