

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

1. County Crawford Town Village City Check one and give name

2. Location 3 miles S.E. of Rising Sun Sec 26 T 11 R 5 W
Name of street and number of premises or Section, Town and Range numbers

3. Owner or Agent Pete Latham
Name of individual, partnership or firm

4. Mail Address Gays Mills, Wis. R. F. D.
Complete address required

5. From well to nearest: Building 12 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 75 ft.

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

RECEIVED
FEB 26 1957
ENVIRONMENTAL
SANITATION

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	0	145			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard	0	88

9. GROUT:

Kind	From (ft.)	To (ft.)
none		
loose clay formation		

11. MISCELLANEOUS DATA:

Yield test: 24 Hrs. at 15 GPM.

Depth from surface to water-level: 60 ft.

Water-level when pumping: 65 ft.

Water sample was sent to the state laboratory at:
Madison on Feb. 18 1957
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
black dirt clay	0	15
loose flinty	15	30
loose sand	30	60
red clay water		
bearing	60	80
sandstone	80	120
limestone	120	145
water bearing		

Construction of the well was completed on:
February 10 1957

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 Coplan Registered Well Driller R. 3 Box 36 Crossville, Wis. Complete Mail Address

Please do not write in space below

Rec'd FEB 19 1957 No. 4250

Ans'd _____

Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____