

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 State of Wisconsin Driller J. W. Welch
 (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 Genoa Wisconsin Address La Crescent
 (City, village, township, county) Munn
 Date of Report Oct 9th 1939
 Registration No. 393

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: _____
 If School: _____
 If other public building: _____
 Miscellaneous: _____

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	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
<p>140'-4" of 6" Standard Black Pipe No shoe 19'-5" of 8" Pipe Standard Black No shoe annular space filled with cement grout from 4' to 140'</p>		<p>10" drilled hole 25' Clay and loose rock 22'-3" sand rock Yellow sand rock down to 120' white sand rock down to 138' struck blue rock went to 143' and put in 6" Pipe Blue Rock down to 220' Brown Rock down to 240' Blue sand rock down to 320' and commence to flow light blue sand rock to 415' white sand rock to 610' white sand rock with dark red streaks to 625' 625'</p>	<p>Duration of test. Hours <u>Flows</u> Pumping Rate. <u>Flows</u> G. P. M. <u>6" Pipe full</u> Depth of pump in well. Ft. _____ Standing water-level (from surface) Ft. <u>30' over River</u> Water level when <u>Flowing</u> pumping Ft. <u>6' over river</u> Water. End of test. Check: Clear _____ Cloudy _____ Turbid _____ Was well sterilized before test? Yes _____ No <u>No</u> Date _____ To which Laboratory was sample sent? <u>Sending to you</u> Date <u>Oct 9/39</u> Was the well sealed on completion? Yes _____ No <u>No</u> How high did you leave casing above grade? <u>4' below</u> Well was completed <u>Sept 16th</u> 1939 Well Driller: <u>J. W. Welch</u> Signature.</p>

WGNHS ORIGINAL

(Be sure to complete the report on the reverse side)