WISCONSIN STATE LABORATORY OF HYGIENE

NOTICE:—FILL OUT THE FOLLOWING BLANKS AND REPLACE IN SHIPPING CASE, WRITE PLAINLY.
DESCRIBE EACH SAMPLE IN FULL DETAIL. SEE OTHER SIDE FOR PROCEDURE.

Date collected _Sept. 16_ By _Mrs Catherine Murphy, teacher_

Owner of well or supply _Bear Creek School Dist. No. 8_

Location: City_____ Village_____ Town _X_ of _Clayton_ County _Crawford_

Supply owned by: (check one) Public utility or co-operative having distribution system_____ Home or Farm_____ School _X_

Church_____ Hotel_____ Restaurant_____ Resort_____ Tavern_____ Camp_____ Institution_____ Industry_____

Slaughterhouse_____ Milk Plant_____ Cannery_____ Beverage plant_____ Other _____
(Describe)

Source of water: Well _X_ Spring_____ Swimming pool_____ Lake or river_____ Other_____
(Name)   (Describe)

Sample from: _Tap,_
(Tap or faucet, pump, storage tank, etc. Describe carefully. Give address of tap samples)

Supply is: Filtered_____ Softened_____ Chlorinated_____ Fluoridated_____ Untreated _X_

If well or spring: Date construction completed _Sept. 5 – 57_ By _Wm. Bartel._
(Name of Well Constructor, Driller, Etc.)

Type: Drilled _X_ Driven point_____ Dug_____ Bored_____ Dug and drilled_____ Dug and driven_____ Gravel wall_____

Diameter or Size_____ in. Depth of well or spring _58 ft_ ft. Depth to water _30_
(From ground surface)

Casing or curbing: Kind _Steel_ Depth to bottom of casing or curbing _35_ ft.
(steel, concrete, stone, wood, etc.)   (From ground surface)

Pump mounting: On casing or pipe sleeve _X Casing_ On platform_____ Kind of platform_____

Is a watertight seal, cap or cover provided? _Water tight Seal_

Does all water drain away from well or spring? _Yes_

Does well terminate above ground? _Yes_ In a pit_____ In a basement _X_

How many feet from well to: Privy _100 ft_ Sewer_____ Septic tank_____ Cesspool, etc._____ Barn_____

Silo_____ Gasoline storage tank_____

Remarks_____
(If this space is used, add 3¢ postage and declare letter material on outside of container):

> SAMPLES SHOULD BE COLLECTED AND MAILED PROMPTLY ON MONDAY, TUESDAY OR WEDNESDAY SO THEY WILL BE RECEIVED AND ANALYZED WITHOUT DELAY.

Send report to _Bear Creek School_ Title_____

Address _Rt 2 - Soldiers Grove_

Please do not write in space below

Rec'd __SEP 17 1957__ No. __31777__

Ans'd _____

Interpretation _____ **SAFE**

Bacterial count _____

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.					
48 hrs.					
Confirm					
Coliform group	0				

Examiner _____

Hyg. 27

239