

# WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town  Paris or Chien Township  
Village  City  Check one and give name

2. Location Farm Lot No. 20 - Lot No. 7 in Cliffwood Div. (7N 6W)  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Russel Eulgem  
Name of individual, partnership or firm

4. Mail Address 800 North Minnesota St.  
Complete address required

5. From well to nearest: Building 8 ft; sewer ~~20~~ ft; drain 30 ft; septic tank 80 ft;  
dry well or filter bed 100 ft; abandoned well — ft.

6. Well is intended to supply water for: Home

### 7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	47			
6	47	152			

### 8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	6" standard pipe 19.45#	0	138

### 9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	47

### 11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 14 GPM.  
 Depth from surface to water-level: 37 ft.  
 Water-level when pumping: 47 ft.  
 Water sample was sent to the state laboratory at:  
Madison on June 19 1961  
City

### 10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay sand & gravel	0	47
sand & gravel	47	132
sandstone	132	150
Grey limestone	150	152

## RECEIVED

JUN 20 1961

### SANITARY ENGINEERING

Construction of the well was completed on:

June 15 1961

The well is terminated 10" 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 Deane Hubbs  
Registered Well Driller

Farmersburg, Iowa  
Complete Mail Address

Please do not write in space below

Rec'd \_\_\_\_\_ No. \_\_\_\_\_  
 Ans'd \_\_\_\_\_  
 Interpretation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 ml 10 ml 10 ml 10 ml 10 ml  
 Gas—24 hrs. \_\_\_\_\_  
 48 hrs. \_\_\_\_\_  
 Confirm \_\_\_\_\_  
 B. Coli \_\_\_\_\_  
 Examiner \_\_\_\_\_