

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

**RECEIVED**

1. County Crawford Town  Marietta OCT 1 1963  
 Village   
 City  Check one and give name

2. Location Section 9 Town 7-8N Range 354W  
 Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Archie Hayne  
 Name of individual, partnership or firm

4. Mail Address Boscobel, Wis. 53805  
 Complete address required

5. From well to nearest: Building 3 ft; sewer 50 ft; drain 60 ft; septic tank 60 ft;  
 dry well or filter bed 65 ft; abandoned well 0 ft.

6. Well is intended to supply water for: home

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
5	0	70			

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

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5	Standard wt.	0	56

**9. GROUT:**

Kind	From (ft.)	To (ft.)
none		

**11. MISCELLANEOUS DATA:**

Yield test: 1 Hrs. at 15 GPM.  
 Depth from surface to water-level: 40 ft.  
 Water-level when pumping: 45 ft.  
 Water sample was sent to the state laboratory at:  
Madison on Oct. 9 1963  
 City

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
loose sand	0	40
sandstone	40	60
shalestone	60	70

Construction of the well was completed on:  
May 3 1963

The well is terminated 12 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 Corpien Registered Well Driller  
 R3 Box 36 Boscobel, Wis. Complete Mail Address 53805  
 Please do not write in space below

Rec'd OCT 10 1963 No. 44671

Ans'd \_\_\_\_\_  
 Interpretation SAFE—BACTERIOLOGICALLY

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