

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

RECEIVED No. 67

1. County Crawford Town Marietta OCT 12 1963
 Village City Check one and give name
 2. Location Section 14 Town 9-8N Range 3-4W
 Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Harold Alling
 Name of individual, partnership or firm
 4. Mail Address R 70 Boscobel, Wis. 53805
 Complete address required

R3W

5. From well to nearest: Building 10 ft; sewer 50 ft; drain 60 ft; septic tank 50 ft;
 dry well or filter bed 75 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Night Club

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	55	6	55	65

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
loose stone & clay	0	10
limestone	10	30
sandstone	30	65

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt	0	55

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	10
Cement	10	55

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 20 GPM.
 Depth from surface to water-level: 40 ft.
 Water-level when pumping: 40 ft.
 Water sample was sent to the state laboratory at:
Madison on Oct. 9 1963
 City

Construction of the well was completed on:
May 18 1963
 The well is terminated 8 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 R3 Box 36 Boscobel, Wis. Complete Mail Address 53805
 Please do not write in space below

Rec'd OCT 10 1963 No. 44672
 Ans'd _____
 Interpretation _____
SAFE—BACTERIOLOGICALLY

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