

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wel 6

See Instructions on Reverse Side

RECEIVED

1. County Crawford Town Marietta
 Village City Check one and give name
2. Location Section 17 Range 1 T8N R3W00T2R00E
 Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Clarence Raisler
 Name of individual, partnership or firm
4. Mail Address R7D Boscobel, Wis.
 Complete address required
5. From well to nearest: Building 300 ft; sewer 300 ft; drain 300 ft; septic tank 350 ft;
 dry well or filter bed 350 ft; abandoned well 0 ft.
6. Well is intended to supply water for: farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	64	6	64	365

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	64

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	64

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 20 GPM.

Depth from surface to water-level: 300 ft.

Water-level when pumping: 310 ft.

Water sample was sent to the state laboratory at:

Madison on Oct. 9 1962
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
limestone	15	64
<u>This is a repair job.</u>		

Construction of the well was completed on:

8-24-62 1962

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 Copinger
 Registered Well Driller

R3 Box 36, Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd OCT 10 1962 No. 38835

Ans'd _____

Interpretation SAFE—BACTERIOLOGICAL

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli C

Examiner _____