

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

1. County Crawford (Town Marietta Village City Check one and give name 8N4W)
 2. Location 5 miles W. of Boscobel (Name of street and number of premise or Section, Town and Range numbers)
 3. Owner or Agent Mrs. H.M. Kincannon (Name of individual, partnership or firm) **RECEIVED**
 4. Mail Address Boscobel, Wis. (Complete address required) **APR 16 1957**
 5. From well to nearest: Building 50 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft; dry well or filter bed 0 ft; abandoned well 100 ft.
 6. Well is intended to supply water for: farm and home

**ENVIRONMENTAL
SANITATION**

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	355

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt.	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement + clay	0	40

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 10 GPM.
 Depth from surface to water-level: 290 ft.
 Water-level when pumping: 290 ft.
 Water sample was sent to the state laboratory at:
Madison on April 9 1957
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
black dirt	0	8
red clay	8	20
limestone	20	110
sandstone	110	210
limestone	210	300
sandstone	300	355

Construction of the well was completed on:
March 9 1957

The well is terminated 6 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 Herbert Conner (Registered Well Driller) R. 3 Box 36 Boscobel (Complete Mail Address)
 Please do not write in space below

Rec'd APR 10 1957 No. 8835
 Ans'd _____
 Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 0
 Examiner _____