

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

1. County Crawford Town Village City Sec 36, T8N, R4W?
Check one and give name
2. Location 2 miles N.W. of Boscobel
Name of street and number of premises or Section, Town and Range numbers
3. Owner or Agent Christ School
Name of individual, partnership or firm
4. Mail Address Boscobel, Wis. R. F. D.
Complete address required
5. From well to nearest: Building 15 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
 dry well or filter bed 0 ft; abandoned well 0 ft.
6. Well is intended to supply water for: School

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	60	6	60	350

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard ^{wg}	0	60

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay slurry	0	30
Cement	30	60

11. MISCELLANEOUS DATA:

Yield test: 15 Hrs. at 15 GPM.
 Depth from surface to water-level: 250 ft.
 Water-level when pumping: 260 ft.
 Water sample was sent to the state laboratory at:
Madison on Sept. 12, 1956
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	12
blue limestone	12	80
limestone	80	160
sandstone	160	280
gray limestone	180	350

RECEIVED
 SEP 21 1956
 ENVIRONMENTAL
 SANITATION

Construction of the well was completed on Aug. 20 1956

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 Genneth Coyman Registered Well Driller R. 3 Box 36 Boscobel, Wis. Complete Mail Address
Please do not write in space below

Rec'd SEP 13 1956 No. 33668
 Ans'd _____
 Interpretation **SAFE**

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