

County Crawford Twp. Eastman Sec. 9
 (Office Record—Do not fill in)
Section 9, T8N R6W

TO THE WISCONSIN STATE BOARD OF HEALTH,
 WELL DRILLING DIVISION, MADISON, WIS.

WELL LOG PREMISES DIAGRAM, and REPORT

For Official Record of the Board

(TO BE USED FOR THAT PURPOSE ONLY)

Owner North Western Insurance & Quarters Driller E. S. Quarters
 (If a joint ownership give name of responsible official. Also name of each individual holding an interest. Use a separate sheet and attach hereto.)
 Address Madison Wis Address Boscobel Wis
Joe Hutk farm Date of Report Dec 13 - 1937 19
 Registration No. 176

Give below the location of the property on which well is drilled.

If incorporated village or city: Name Lot Blk. Street and No.
 If unincorporated hamlet Name County Twp. Highway
 If Lake Shore Plat Name of Plat Lake Lot Blk. Street
 If Farm County Crawford Twp. Eastman Sec. 9 Highway County Trunk D
 If School County North half of the south west quarter Twp. Eastman Sec. 9 Highway County Trunk D
 If other public building Kind the south east quarter of the south west County Crawford Twp. Eastman Sec. 9
 Miscellaneous Kind the south east quarter of the south west County Crawford Twp. Eastman Sec. 9

WELL LOG and REPORT

Kind of casing and liner in feet. Kind of shoe. Indicate grout, screen, seal, etc.	WELL DIAGRAM Vertical Lines = in. Dia. Horizontal Lines = ft. Depth	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
<u>38 ft. galvanized casing cemented in with cement platform</u>		<p>330 ft. deep</p>	<p>Duration of test. Hours _____</p> <p>Pumping Rate. G. P. M. _____</p> <p>Depth of pump in well Ft. <u>320 ft</u></p> <p>Standing water-level (from surface) <u>ft</u> Ft. <u>110 ft</u></p> <p>Water level when pumping Ft. <u>220 ft</u></p> <p>Water. End of test. Check: Clear <u>Clear</u> Cloudy _____ Turbid _____</p> <p>Was well sterilized before test? Yes <u>yes</u> No _____ Date <u>Dec 13 1937</u></p> <p>To which Laboratory was sample sent? <u>state</u></p> <p>Date _____</p> <p>Was the well sealed on completion? Yes _____ No _____</p> <p>How high did you leave casing above grade? <u>1 ft</u></p> <p>Well was completed <u>Nov 27 1937</u></p> <p>Well Driller: <u>E. S. Quarters</u> Signature.</p> <p>(Be sure to complete the report on the reverse side)</p>

WGNHS ORIGINAL

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