

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 George Pippin Driller E. S. Waters  
 (If a joint ownership give name of responsible party. Also name of each individual holding an interest. Use separate sheet and attach hereto.)  
 Address Blue River Wis. Address Boscobel Wis.  
 (City, village, township, county)  
 Date of Report Jan 31 1940  
 Town of South Crawford Co. Registration No. \_\_\_\_\_  
 Give below the location of the property on which well is drilled.

If incorporated village or city: \_\_\_\_\_  
 If unincorporated hamlet: \_\_\_\_\_  
 If Lake Shore Plat: \_\_\_\_\_  
 If Subdivision: \_\_\_\_\_  
 If Farm: George Pippin Crawford South 12  
 (Name County Twp. Sec. Lot Blk.)  
 If School: \_\_\_\_\_  
 (Name County Twp. Sec. District)  
 If other public building: \_\_\_\_\_  
 (Name County Twp. Sec.)

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 Use a red line to show casing	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
4 inch standard gas Pipe Drive shoe Duplex Pump stand	0 2 3 4 5 6 8 10 12 14 16 18 20 22 24 26	20ft surface clay.	Duration of test. Hours <u>4</u>
	30	gravel. 25 ft	Pumping Rate. G. P. M. <u>25</u>
	50	10 ft white sand. Rock.	Depth of pump in well. Ft. <u>30</u>
	75		Standing water-level (from surface.) Ft. <u>20</u>
	100		Water level when pumping Ft. <u>20</u>
	150		Water, End of test. Check: Clear <input checked="" type="checkbox"/> _____ Cloudy _____ Turbid _____
	200		Was well sterilized before test? Yes <input checked="" type="checkbox"/> No _____
	400		Date <u>Jan 29</u>
	800		To which Laboratory was sample sent? <u>State</u>
	1200		Date <u>Jan 31</u>
		Was the well sealed on completion? Yes <input checked="" type="checkbox"/> No _____	
		How high did you leave casing above grade? <u>1 ft</u>	
		Well was completed <u>Jan 16</u> 19 <u>40</u>	
		Well Driller: <u>E. S. Waters</u> Signature.	
		(Be sure to complete the report on the reverse side)	

WGNHS ORIGINAL