

**WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH**

See Instructions on Reverse Side

1. County Crawford } Town  Scott - (Craw Hollow)  
 Village   
 City  Check one and give name

2. Location NW 1/4 SE 1/4 in Sect # 16 - R 3 W. (9N)  
 Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Olaf Fortney  
 Name of individual, partnership or firm

4. Mail Address Gays Mills, Wis R. F. D. # 2  
 Complete address required

5. From well to nearest: Building \_\_\_\_\_ ft; sewer \_\_\_\_\_ ft; drain \_\_\_\_\_ ft; septic tank \_\_\_\_\_ ft;  
 dry well or filter bed \_\_\_\_\_ ft; abandoned well \_\_\_\_\_ ft.

6. Well is intended to supply water for: \_\_\_\_\_

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	10			
5'	10	68			

**8. CASING AND LINER PIPE OR CURBING:**

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Star Steel		
	Bld pipe	43'	used.

**9. GROUT:**

Kind	From (ft.)	To (ft.)

**11. MISCELLANEOUS DATA:**

Yield test: 6 Hrs. at 5 GPM.  
 Depth from surface to water-level: 16 ft.  
 Water-level when pumping: Same ft.  
 Water sample was sent to the state laboratory at:  
Madison on July 17 1957  
City

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
Black Soil	0	6
Sands & Moisture	6	9
Clay-gravel	9	16
Gravel & water	16	62
Sand Rock	62	68

**RECEIVED**

AUG 15 1957

**ENVIRONMENTAL  
 SANITATION**

Construction of the well was completed on:  
July 17 1957

The well is terminated 14" inches  
 above, below  the permanent ground surface.

Was the well disinfected upon completion?  
 Yes Yes No \_\_\_\_\_

Was the well sealed watertight upon completion?  
 Yes Yes No \_\_\_\_\_

Signature H. W. Bartels P.O. Box 175 Boscobel Wis.  
 Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd \_\_\_\_\_ No. \_\_\_\_\_  
 Ans'd \_\_\_\_\_  
 Interpretation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 ml 10 ml 10 ml 10 ml 10 ml  
 Gas—24 hrs. \_\_\_\_\_  
 48 hrs. \_\_\_\_\_  
 Confirm \_\_\_\_\_  
 B. Coli \_\_\_\_\_  
 Examiner \_\_\_\_\_