

Section 29 T9N R3W

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 Scott School Driller Eugene Miller
 (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 Bocobell Address Resadstown
 (City, village, township, county) Wis
 Date of Report 4/12 1944
Crawford CO Registration No. 3183

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: _____
 If School: _____
 If other public building: _____

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
Standard Gas pipe 58' bits cement Seal		24' gravel and clay Water bearing	Duration of test. Hours <u>30</u> Pumping Rate. G.P.M. 15
			Depth of pump in well. Ft. <u>54</u>
			Standing water-level (from surface.) Ft. <u>32</u>
			Water level when pumping Ft. <u>32</u>
			Water. End of test. Check: Clear <u>clear</u> Cloudy _____ Turbid _____
			Was well sterilized before test? Yes <input checked="" type="checkbox"/> No _____
			Date _____
			To which Laboratory was sample sent? <u>Madison</u>
			Date _____
			Was the well sealed on completion? Yes <input checked="" type="checkbox"/> No _____
		How high did you leave casing above grade? _____	
		Well was completed <u>Aug</u> 19 <u>43</u>	
		Well Driller: <u>Eugene Miller</u> Signature.	
		(Be sure to complete the report on the reverse side)	

WGNHS ORIGINAL