

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 Boscobell Address Readstown
 (City, village, township, county) Wis
 Date of Report 4/12 1944
 Registration No. 3183
 Crawford Co

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: WHITE County Crawford Twp. Scott Sec. 29 Highway Team Road
 County SCHOOL County _____ Twp. _____ Sec. _____ District _____
 If other public building: _____
 Kind _____ 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
<p>50'</p> <p>Standard Gas pipe</p> <p>Steel Drive Shoe</p> <p>Cement seal</p>		<p>20' feet gravel-clay</p> <p>Sand Rock</p> <p>Water Bearing</p>	<p>Duration of test. Hours <u>40 hours</u></p> <p>Pumping Rate. G. P. M. <u>20</u></p> <p>Depth of pump in well. Ft. <u>72'</u></p> <p>Standing water-level (from surface). Ft. <u>30'</u></p> <p>Water level when pumping. Ft. <u>50'</u></p> <p>Water. End of test. Check: Clear <u>Clear</u> Cloudy _____ Turbid _____</p> <p>Was well sterilized before test? Yes <u>X</u> No _____</p> <p>Date _____</p> <p>To which Laboratory was sample sent? <u>Madison</u></p> <p>Date _____</p> <p>Was the well sealed on completion? Yes <u>X</u> No _____</p> <p>How high did you leave casing above grade? <u>1'</u></p> <p>Well was completed <u>Dec</u> 19<u>43</u></p> <p>Well Driller: <u>Eugene Miller</u> Signature.</p> <p>(Be sure to complete the report on the reverse side)</p>

WGNHS ORIGINAL