

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

1. County Crawford Town Village City Bell Center
Check one and give name

2. Location Bell Center
Name of street and number of premise or Section, Town and Range numbers
Sec 3 9N 4W?

3. Owner or Agent Bell Center School
Name of individual, partnership or firm

4. Mail Address Gay Mill, Wisconsin
Complete address required

5. From well to nearest: Building 25 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 200 ft.

6. Well is intended to supply water for: School

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	0	135			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard	0	77

9. GROUT:

Kind	From (ft.)	To (ft.)
none		

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at 320 GPM.
Depth from surface to water-level: 40 ft.
Water-level when pumping: 45 ft.
Water sample was sent to the state laboratory at:
Madison on Jan. 26 1955
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
loose sand	0	65
sandstone	65	135

Construction of the well was completed on:
January 19 1955

The well is terminated 6 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No

Was the well sealed watertight upon completion?
Yes No

Signature Kenneth Coyne
Registered Well Driller

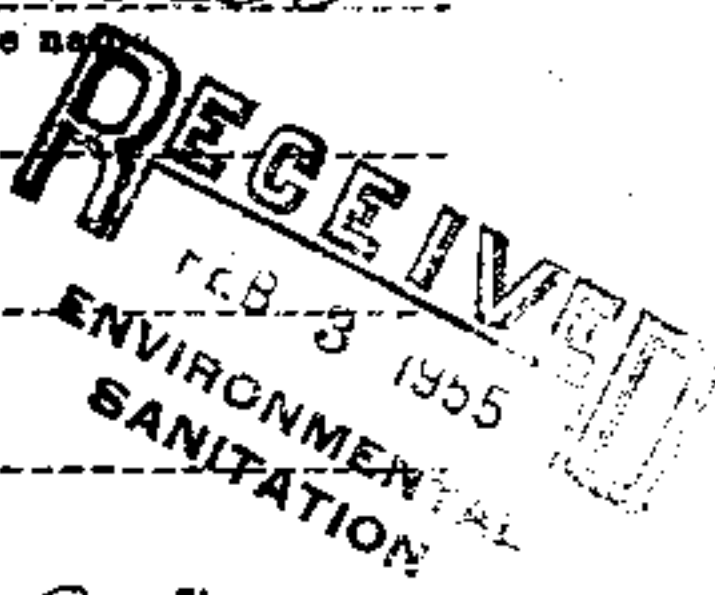
Beaumont RFD 3 - Box 36
Complete Mail Address

Please do not write in space below

Rec'd JAN 27 1955 No. 2253

Ans'd _____
Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs. 0
48 hrs. 0
Confirm _____
B. Coli 0/5
Examiner _____



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