

County Crawford Twp. Maney Sec. 21 94W  
Courmpny Farm School House T9N R4W

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 Courmpny Farm School Driller E. S. Waters  
 (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 Boscobel Wis

Address \_\_\_\_\_  
 (City, village, township, county)  
 Date of Report Sep 22 - 1938

Registration No. \_\_\_\_\_

Give below the location of the property on which well is drilled.

If incorporated village or city: Name Lot Blk. Street and No.  
 If unincorporated hamlet Name County Twp. Highway  
 If Lake Shore Plat Name of Plat Lake Lot Blk. Street  
 If Subdivision Name County Twp. Sec. Lot Blk.  
 If Farm County Twp. Sec. Highway  
 If 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
Cased with 5 in standard Pipe depth of well 100 ft depth of casing 80 drove into blue shale	0 2 3 4 5 6 8 10 12 14 16 18 20 22 24		Duration of test. Hours _____
	25		Pumping Rate. G. P. M. _____
	30		Depth of pump in well. Ft. <u>35 ft</u>
	35		Standing water-level (from surface.) Ft. <u>20 from top</u>
	40		Water level when pumping Ft. <u>20 ft from top</u>
	45		Water. End of test. Check: Clear <u>clear</u>
	50		Cloudy _____
	55		Turbid _____
	60		Was well sterilized before test? Yes <u>X</u> No _____
	65		Date _____
	70		To which Laboratory was sample sent? <u>state</u>
	75		Date _____
80		Was the well sealed on completion? Yes <u>X</u> No _____	
85		How high did you leave casing above grade? _____	
90		Well was completed <u>9</u> 19 <u>38</u>	
95		Well Driller: Signature.	
100		(Be sure to complete the report on the reverse side) <u>BACK IS BLANK</u>	

WGNHS ORIGINAL