

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

W-1 6

See Instructions on Reverse Side

RECEIVED

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

2. Location Section 27 Range 4 W T 9 N
 Name of street and number of premise or Section Town and Range numbers

3. Owner or Agent Mrs. Minnie Reed
 Name of individual, partnership or firm

4. Mail Address R 70 Gay Mills, Wisconsin
 Complete address required

5. From well to nearest: Building 50 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
 dry well or filter bed 0 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Farm and home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	69	6	69	325

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	69

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	69

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 20 GPM.
 Depth from surface to water-level: 290 ft.
 Water-level when pumping: 290 ft.
 Water sample was sent to the state laboratory at:
Madison on Oct. 9 1962
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	20
limestone	20	69
<u>This is a repair job</u>		

Construction of the well was completed on:
Aug. 21 1962

The well is terminated 10 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 Coplan
 Registered Well Driller

R 3 Box 36, Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd OCT 10 1962 No. 38836
 Ans'd SAFE—BACTERIOLOGI
 Interpretation _____

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