

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Well 6

See Instructions on Reverse Side

1. County Crawford Town  Seneca  
 Village   
 City  Check one and give name
2. Location Section 27 T9N R6W  
 Name of street and number of premise or Section, Town and Range numbers
3. Owner  or Agent  Mr. Mike Foley  
 Name of individual, partnership or firm
4. Mail Address R.F.D. Eastman, Wis.  
 Complete address required
5. From well to nearest: Building 30 ft; sewer 50 ft; drain 50 ft; septic tank 100 ft;  
 dry well or filter bed 300 ft; abandoned well 0 ft.
6. Well is intended to supply water for: None

SANITARY  
ENGINEERING

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	60	6	60	490

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt	0	60

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	60

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 10 GPM.  
 Depth from surface to water-level: 400 ft.  
 Water-level when pumping: 420 ft.  
 Water sample was sent to the state laboratory at:  
Jan. 7-64 on 1964  
Madison City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	5
loose stone	5	15
limerock	15	45
Clay	45	50
sandrock	50	100
limerock	100	350
sandrock	350	480
hard shale stone	480	490

Construction of the well was completed on:

Oct. 21 1963

The well is terminated 8 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

R3 Box 36 Boscobel, Wis.  
 Complete Mail Address

Please do not write in space below

Rec'd JAN 8 1964 No. 1020

Ans'd \_\_\_\_\_

Interpretation \_\_\_\_\_

SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_

48 hrs. \_\_\_\_\_

Confirm \_\_\_\_\_

B. Coli 0

Examiner \_\_\_\_\_