

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

WEL 6

See Instructions on Reverse Side

RECEIVED

MAR - 4 1965

SANITARY ENGINEERING

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

2. Location Section Town 10 N R 3 W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Mrs. Hattie Kelsch
 Name of individual, partnership or firm

4. Mail Address R 7 D Gaye Mills, Wis.
 Complete address required

5. From well to nearest: Building 10 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
 dry well or filter bed 0 ft; abandoned well 50 ft.

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

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	44	6	44	80

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	44

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	10
Cement	10	44

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.
 Depth from surface to water-level: 60 ft.
 Water-level when pumping: 60 ft.
 Water sample was sent to the state laboratory at:
Madison on 19
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	10
limestone	10	60
sandstone	60	80

Construction of the well was completed on:
Jan. 3 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 Copson
 Registered Well Driller

R 3 Box 36 Rosobel, Wis.
 Complete Mail Address 53805

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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