

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

WEL 6

See Instructions on Reverse Side

JAN 27 1964

1. County Crawford Town Clayton
 Village City Check one and give name
2. Location Section 22 Town 10 N Range 3 W
 Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Father Kirin St. Philips Church
 Name of individual, partnership or firm
4. Mail Address R 7 D Soldiers Grove, Wis.
 Complete address required
5. From well to nearest: Building 6 ft; sewer 75 ft; drain 75 ft; septic tank 100 ft;
 dry well or filter bed 0 ft; abandoned well 100 ft.
6. Well is intended to supply water for: Church & home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	214	5"	214	290

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Standard wt	0	214

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	45
Cement	45	214

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 12 GPM.
 Depth from surface to water-level: 240 ft.
 Water-level when pumping: 250 ft.
 Water sample was sent to the state laboratory at:
Madison on Jan. 20 1964
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay & loose rock	0	45
red sandstone	45	110
blue clay limestone	110	200
limestone broken	200	214
limestone	214	260
hard shale stone	260	290

Construction of the well was completed on:

Dec. 16 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

R 3 Box 36 Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd JAN 22 1964 No. 2829

Ans'd _____

Interpretation _____

SAFE BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli C

Examiner _____