

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

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

2. Location City - Gays Mills T10N, R41W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Dea Rounds
Name of individual, partnership or firm

4. Mail Address Gays Mills, Wisconsin
Complete address required

5. From well to nearest: Building 6 ft; sewer 25 ft; drain 25 ft; septic tank 50 ft;
dry well or filter bed 65 ft; abandoned well 0 ft.

6. Well is intended to supply water for: home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	85			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	standard wt	0	65

9. GROUT:

Kind	From (ft.)	To (ft.)
<u>none</u>		

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 20 GPM.
Depth from surface to water-level: 55 ft.
Water-level when pumping: 55 ft.
Water sample was sent to the state laboratory at:
Madison on Jan. 3 1961
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>loose sand</u>	<u>0</u>	<u>55</u>
<u>sandstone</u>	<u>55</u>	<u>75</u>
<u>shalestone</u>	<u>75</u>	<u>85</u>

RECEIVED

JAN 17 1961

SANITARY ENGINEERING

Construction of the well was completed on:
Sept. 25 1960

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 Herbert Coplin
Registered Well Driller

R3 Box 36, Bossobel, Wis.
Complete Mail Address

Please do not write in space below

JAN 4 - 1961
Rec'd No. 345

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 _____