

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

1. County Crawford Town Village City Gay Mills, Wis. Check one and give name
 2. Location Gay Mills, Wisconsin (10, R4W)
 Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Mrs. Judith Marshall
 Name of individual, partnership or firm
 4. Mail Address Gay Mills, Wisconsin
 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 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	70			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	43

9. GROUT:

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

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 12 GPM.
 Depth from surface to water-level: 35 ft.
 Water-level when pumping: 35 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>35</u>
<u>shalestone</u>	<u>35</u>	<u>70</u>

RECEIVED

JAN 17 1961

SANITARY ENGINEERING

Construction of the well was completed on:

Nov. 8 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 Kenneth Copian
 Registered Well Driller

R3 Box 36 Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd JAN 4 - 1961 No. 352

Ans'd _____
 Interpretation **SAFE—BACTERIOLOGICALLY**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. 7 0 0 0 0
 Confirm _____

B. Coli 0/5 Examiner _____