

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

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

2. Location (T10N, R4W)
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent H. F. Burkrum
Name of individual, partnership or firm

4. Mail Address Gays Mills, Wisconsin
Complete address required

5. From well to nearest: Building 25 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 100 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	125			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard <u>2 1/2</u>	0	82

9. GROUT:

Kind	From (ft.)	To (ft.)
<u>loose sand formation</u>	0	75

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 20 GPM.
Depth from surface to water-level: 20 ft.
Water-level when pumping: 20 ft.
Water sample was sent to the state laboratory at:
Madison on Jan 28 1957
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>loose sand</u>	0	75
<u>sandstone</u>	75	125
<u>water bearing</u>		

RECEIVED
FEB 5 1957
ENVIRONMENTAL
SANITATION

Construction of the well was completed on:
January 10 1957

The well is terminated 6 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 Copians R. 3 Box 36 Boesobel, Wis.
Registered Well Driller Complete Mail Address

Rec'd JAN 29 1957 No. 2406

Ans'd _____

Interpretation _____

SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____