

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

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

2. Location Section 3 (TONR40)
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Melvin Olson
Name of individual, partnership or firm

4. Mail Address Harps Mills, Wis. R.F.D.
Complete address required

5. From well to nearest: Building 15 ft; sewer 25 ft; drain 25 ft; septic tank 75 ft;
dry well or filter bed 75 ft; abandoned well 0 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	49	6	49	80

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard	0	49

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	20	49
Clay	0	20

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 15 GPM.
Depth from surface to water-level: 40 ft.
Water-level when pumping: 40 ft.
Water sample was sent to the state laboratory at:
Madison on June 13 1960
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay + loose stone	0	25
sandstone	25	49
shalestone	49	80

RECEIVED
JUN 28 1960
SANITARY
ENGINEERING

Construction of the well was completed on:
May 13 1960

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 Hermuth Coyman
Registered Well Driller

R3, Box 36, Bossobel, Wis.
Complete Mail Address

Please do not write in space below

Rec'd JUN 14 1960 20010

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 _____