

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

W-6

RECEIVED

1. County Crawford Town Utica Village City Check one and give name
 2. Location Section 10 Town 10 N R 4 W Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Howard Olson Name of individual, partnership or firm
 4. Mail Address R 7 D Gays Mills, Wis. Complete address required
 5. From well to nearest: Building 8 ft; sewer 100 ft; drain 100 ft; septic tank 125 ft;
 dry well or filter bed 0 ft; abandoned well 0 ft.

JANUARY
ENGINEERING

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	48	6	48	100

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	48

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	20
Cement	20	48

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 8 GPM.
 Depth from surface to water-level: 60 ft.
 Water-level when pumping: 60 ft.
 Water sample was sent to the state laboratory at:
Madison on June 30 1964
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	20
Limestone	20	48
<u>beyond this I do not know, this was a repair job.</u>		

Construction of the well was completed on:

March 13 1964

The well is terminated 10 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 Registered Well Driller

Boscobel, Wis. Box 36 R. 3 Complete Mail Address

Please do not write in space below

Rec'd JUL 1 - 1964 No. 27789

Ans'd _____

Interpretation **UNSAFE BACTERIOLOGICALLY**
 Because of the presence of coliform bacteria in one 10 ml. portion of this sample another examination is advisable.

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	+				
48 hrs.	0	0	0	0	0
Confirm	+				
B. Coli	+	0	0	0	0

Examiner _____