

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

**RECEIVED**

JUL - 6 1964

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

2. Location Section 12 Town 10 N **R.H. SANITARY ENGINEERING R4W**  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Orvel Hollenbeck  
Name of individual, partnership, or firm

4. Mail Address R7D Soldiers Grove, Wis.  
Complete address required

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

6. Well is intended to supply water for: Mink Ranch

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	0	120			

**8. CASING AND LINER PIPE OR CURBING:**

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	73

**9. GROUT:**

Kind	From (ft.)	To (ft.)
none		

**11. MISCELLANEOUS DATA:**

Yield test: 5 Hrs. at 15 GPM.  
 Depth from surface to water-level: 40 ft.  
 Water-level when pumping: 50 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	10
loose sand	10	60
sandstone	60	100
hard shalestone	100	120

Construction of the well was completed on:  
Feb. 21 - 1964

The well is terminated 12 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 Coplan R3 Box 36 Boscobel, Wis.  
Registered Well Driller Complete Mail Address 53805  
Please do not write in space below

Rec'd JUL 1 - 1964 No. 27788  
 Ans'd \_\_\_\_\_  
 Interpretation \_\_\_\_\_  
**SAFE—BACTERIOLOGICALLY**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_  
 48 hrs. \_\_\_\_\_  
 Confirm \_\_\_\_\_  
 B. Coli 0 0 0 0 0  
 Examiner \_\_\_\_\_