

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 3 miles N. Gays Mills SECTION 17, T10N, R4W
Name of street and number of premises or Section, Town and Range numbers

3. Owner or Agent John Lester
Name of individual, partnership or firm

4. Mail Address Gays Mills, Wisconsin R. F. D.
Complete address required

5. From well to nearest: Building 5 ft; sewer 60 ft; drain 60 ft; septic tank 75 ft;
 dry well or filter bed 100 ft; abandoned well 50 ft.

6. Well is intended to supply water for: residence

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	58	6	58	105

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt	0	58

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	58	50
clay slurry	50	0

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 20 GPM.
 Depth from surface to water-level: 50 ft.
 Water-level when pumping: 55 ft.
 Water sample was sent to the state laboratory at:
Madison on Dec. 4 1956
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
black dirt		
mixed with stone	0	10
clay	10	30
loose sand	30	50
sandstone	50	105

RECEIVED
 DEC 14 1956
 ENVIRONMENTAL
 SANITATION

Construction of the well was completed on:
Oct. 29 1956

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 Harold C. Conner
Registered Well Driller

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

Rec'd DEC 5 - 1956 No. 43233

Ans'd **SAFE**
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

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

B. Coli 0
 Examiner _____