

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location West in Village of Gays Mills - N. 8 1/2 of # Sect 20 - Range 4 West - Twp 10 N.
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Norman Hutchins Est.
Name of individual, partnership or firm

4. Mail Address Meadow Brook Supper Club - Gays Mills wis
Complete address required

5. From well to nearest: Building 6 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Supper Club

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	5			
5	5	58			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Stam Steel Black pipe	44	ft used

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 15 Hrs. at 5 GPM. 2 daily testing
 Depth from surface to water-level: 10 ft.
 Water-level when pumping: Same ft.
 Water sample was sent to the state laboratory at:
July at Madison 18 on 1956

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Moist top Soil	0	15
Sand gravel & water	15	53
Sand Stone	53	58

RECEIVED

AUG 15 1957

ENVIRONMENTAL SANITATION

Construction of the well was completed on: July 10 1956

The well is terminated 16" inches above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes yes No _____

Was the well sealed watertight upon completion?
 Yes yes No _____

Signature H. W. Bartels P.O. Box 175 - Boscobel wis.
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli _____
 Examiner _____