

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 Section 21 - Twp 10 N. Range 4 W.
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Sherwood Bros - (Bank of Gays Mills wis)
Name of individual, partnership or firm
4. Mail Address Gays Mills wis
Complete address required
5. From well to nearest: Building 100 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: Stock well

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
12"	0	4			
5"	4	103			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Stair Steel		
	Bbb pipe	41'	used.

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 1.0 Hrs. at 6 GPM.
 Depth from surface to water-level: 3.5 ft.
 Water-level when pumping: Same ft.
 Water sample was sent to the state laboratory at:
Madison on Aug 11 1956
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
Gravel Mixed with s.s.	15	35
Gravel + Water	35	98
Sandstone	98	103

RECEIVED

AUG 15 1957

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:

July 31 1956

The well is terminated 15" inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes yes No no

Was the well sealed watertight upon completion?

Yes yes No 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 _____