

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

1. County Crawford Town  Village  City  Township of Gays Mills  
Check one and give name

2. Location 1 mile north of Gays Mills  
Name of street and number of premise or Section, Town and Range numbers

SECTION  
R4W

3. Owner  or Agent  Dr. Kettner  
Name of individual, partnership or firm

RECEIVED  
JUL 20 1954

4. Mail Address Gays Mills  
Complete address required

UNSAFE  
CONTAMINATION

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

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	0	150			

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
sand, loose	0	120
sandstone	120	150

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt	0	132

9. GROUT:

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

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 900 GPM.  
Depth from surface to water-level: 65 ft.  
Water-level when pumping: 75 ft.  
Water sample was sent to the state laboratory at:  
Madison on July 12 1954  
City

Construction of the well was completed on:

July 7 1954

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 Kenneth Coyjans  
Registered Well Driller

Boscobel Wisconsin  
Complete Mail Address

Please do not write in space below

Rec'd JUL 13 1954 No. 18751

Ans'd  
Interpretation **UNSAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. 0 + 0 + 0  
48 hrs. 0 + 0 + 0  
Confirm ---

B. Coll 2/5 Examiner ---