

1. COUNTY Crawford CHECK ONE Town Village City NAME Gays Mills

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
SE 1/4 of Sec 28 T10N R4W Lot 32

3. OWNER AT TIME OF DRILLING R 7th Gays Mills 54631

4. OWNER'S COMPLETE MAIL ADDRESS Mr Charles Horner

5. Distance in feet from well to nearest: (Record answer in appropriate block)

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
C. I.	C. I.	C. I.	SEWER CONNECTED	INDEPENDENT
8'	50'			50'

CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
C. I.	TILE							
	55'			60'				

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: Trailer Home

7. DRILLHOLE						10. FORMATIONS			
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)	
10	Surface	8	6	8	95	black dirt	Surface	8	
						loose sand	8	50	
						loose gravel	50	55	
						shalestone	55	60	
						sandstone	60	95	

8. CASING, LINER, CURBING, AND SCREEN			
Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	new black steel plain ends 19.18	Surface	70

9. GROUT OR OTHER SEALING MATERIAL		
Kind	From (ft.)	To (ft.)
Clay	Surface	8
	8	

11. MISCELLANEOUS DATA

Yield test: 5 Hrs. at 18 GPM Well is terminated 8 inches above below final grade

Depth from surface to normal water level 50 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 50 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison, Wis. laboratory on: 7-22-1968

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphouses, access pits, etc., should be given on reverse side.

SIGNATURE Benneth Coplan Registered Well Driller COMPLETE MAIL ADDRESS 53805 R3 Box 84 Boscobel, Wis.

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
934				