

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

1. County Crawford Town Village City Township of Dayton
Section 36 Check one and give name

2. Location 3 miles East of Bell Center Name of street and number of premise or Section, Town and Range numbers
T10N R4W

3. Owner or Agent Darrel Bell Name of individual, partnership or firm

4. Mail Address Gays Mills, Wisconsin R. 7. D. Complete address required

5. From well to nearest: Building 20 ft; sewer 30 ft; drain 30 ft; septic tank 50 ft;
dry well or filter bed 100 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Farm & home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	315

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt.	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	40

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
Depth from surface to water-level: _____ ft.
Water-level when pumping: _____ ft.
Water sample was sent to the state laboratory at:
Madison on April 23 1956
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
This is an old well which I repaired, therefore I do not know the formation from	0	105
Blue stone	105	210
sandstone	210	315

Construction of the well was completed on:
April 14 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 Kenneth Coplan
Registered Well Driller

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

Rec'd APR 24 1956 No. 11007

Ans'd _____
Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
48 hrs. 0

Confirm _____
B. Coli 0

Examiner _____