

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

1. County Crawford { Town Clayton
 Village _____
 City _____

2. Location N.W. of S.E. Sec 9 T10 N Range R5W

3. Owner or Agent Buren Davenport

4. Address Soldiers Grove Wis

5. From well to nearest: Building 30 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: Small 40 acre Farm

RECEIVED
 BUREAU OF
 SANITARY
 21 1950

7. DRILLHOLE OR EXCAVATION:

Dia. (in.)	From (ft.)	To (ft.)
6	0	92

10. FORMATIONS:

Kind	Thick-ness (ft.)	Total Depth (ft.)
Top Soil & gravel	10	10
Solid lime rock	82	92

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Standard	0	19

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.

Depth from surface to water: 77 ft.

Water-level when pumping: Pumped Dry ft.

Water sample sent to laboratory at Madison on Nov. 13 1950

Construction of the well was completed on Oct 26 1950

The well is terminated 12 inches (above) (below) the permanent grade.

Was the well disinfected upon completion?
 Yes No _____

Was the well sealed watertight upon completion?
 Yes No _____

Signature Joseph Dall
 Registered Well Driller

Waupesa Wis.
 Complete Mail Address