

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

**RECEIVED**  
SEP 11 1964

SANITARY  
ENGINEERING R5W

1. County Crawford Town  Utica  
 Village  City  Check one and give name

2. Location Section 16 Town 10N Range  
 Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Bigelow Louie  
 Name of individual, partnership or firm

4. Mail Address R7D Hayes Mills, Wis.  
 Complete address required

5. From well to nearest: Building 25 ft; sewer 50 ft; drain 50 ft; septic tank 75 ft;  
 dry well or filter bed 100 ft; abandoned well 5 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.)
6	0	120			

**8. CASING AND LINER PIPE OR CURBING:**

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	65

**9. GROUT:**

Kind	From (ft.)	To (ft.)
none	0	0

**11. MISCELLANEOUS DATA:**

Yield test: 5 Hrs. at 15 GPM.  
 Depth from surface to water-level: 65 ft.  
 Water-level when pumping: 65 ft.  
 Water sample was sent to the state laboratory at:  
Madison on Aug 5 1964  
 City

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
black dirt	0	10
loose sand	10	50
sandstone	50	80
hard shalestone	80	120

Construction of the well was completed on:  
July 22 1964

The well is terminated 10 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 Kimnith Coyrian Registered Well Driller R3 Box 36 Boscobel, Wis. Complete Mail Address 53805  
 Please do not write in space below

Rec'd AUG - 6 1964 No. 36493

Ans'd AUG 10 1964

Interpretation \_\_\_\_\_

**SAFE - BACTERIOLOGICALLY**

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.					
48 hrs.					
Confirm					
B. Coli					
Examiner					

**00000**