

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wsl 6

See Instructions on Reverse Side

RECEIVED

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

OCT 15 1962

2. Location Section 24 Range R 5 W T. 10 N.  
 Name of street and number of premises or Section, Town and Range numbers

3. Owner  or Agent  Hubert Freeman  
 Name of individual, partnership or firm

SANITARY ENGINEERING

4. Mail Address R 70 Gay Mills, Wis.  
 Complete address required

5. From well to nearest: Building 25 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;  
 dry well or filter bed 0 ft; abandoned well 0 ft.

6. Well is intended to supply water for: farm and home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	58	6	58	300

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
black top soil	0	10
Clay	10	20
limestone	20	40
loose stone formation	40	48
limestone	48	58

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt	0	58

9. GROUT:

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Kind	From (ft.)	To (ft.)
Clay	0	20
Cement	20	58

This is a repair job

11. MISCELLANEOUS DATA:

SANITARY ENGINEERING

Yield test: 1 1/2 Hrs. at 20 GPM.

Depth from surface to water-level: 250 ft.

Water-level when pumping: 265 ft.

Water sample was sent to the state laboratory at:

Madison on Oct. 8 1962  
 City

Construction of the well was completed on:

Aug. 1 1962

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 H. Smith Coplan  
 Registered Well Driller

R 3 Box 36 Boscobel, Wis.  
 Complete Mail Address

Please do not write in space below

Rec'd OCT 9 - 1962 No. 38542

Ans'd \_\_\_\_\_

Interpretation SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_

48 hrs. \_\_\_\_\_

Confirm \_\_\_\_\_

B. Coli \_\_\_\_\_

Examiner \_\_\_\_\_