

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

CR-8

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

2. Location NE 1/4 Sec. 26, T. 10N., R. 5W.
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Village of Mount Sterling
Name of individual, partnership or firm

4. Mail Address Mount Sterling, Wisconsin
Complete address required

5. From well to nearest: Building _____ 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: Community

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
12	0	262			
8	262	618			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
12	Steel Standard	0	59
8	Steel 25#/foot	+1	262

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	262

11. MISCELLANEOUS DATA:

Yield test: 12 1/2 Hrs. at 64 to 106 GPM.
 Depth from surface to water-level: 265 ft.
 Water-level when pumping: 283 to 310 ft.
 Water sample was sent to the state laboratory at:
No record of sample being taken
 on 19
 City _____

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Drift	0	10
Sandstone	10	50
Limestone	50	235
Sandstone	235	618
/		

Construction of the well was completed on:
June 15, 1955

The well is terminated 12 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes _____ No X

Was the well sealed watertight upon completion?
 Yes X No _____

Signature Varner Well & Pump Co.
R. J. Varner, Secretary
 Registered Well Driller

P.O. Box 237, Dubuque, Iowa
 Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

CC: DIST #1

: FILE

: STATE GEOLOGICAL SURVEY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____

975