

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town
Village Herrysville (10N, 6W)
City Check one and give name

2. Location Post Lot 3 - Block 2 Campbell add
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Ellie Nelson
Name of individual, partnership or firm

4. Mail Address Herrysville
Complete address required

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

6. Well is intended to supply water for: Taper + Home

RECEIVED

JUN 30 1959

ENVIRONMENTAL
SANITATION

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	top	56	4"	56	78

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11 lb	top	56

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	top	56

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.
 Depth from surface to water-level: 38 ft.
 Water-level when pumping: 45 ft.
 Water sample was sent to the state laboratory at:
Madison on 6/12 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Shale	top	56 ft
Sandstone	56	78

Construction of the well was completed on:
6/1 1959

The well is terminated 4" 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 Edwin W. Meyer New alle Iowa
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____