

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crowford Town Village Jennysville City Check one and give name

2. Location See 8. Town / ON Range 6W pt gov lot 3
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent George Hutson
Name of individual, partnership or firm

4. Mail Address Jennysville, Wis
Complete address required

5. From well to nearest: Building 8 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: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	top	70	4"	70	97

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Wb. Steel	top	70

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	70	50
Clay		

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 10 GPM.
 Depth from surface to water-level: 70 ft.
 Water-level when pumping: 70 ft.
 Water sample was sent to the state laboratory at:
Madison on 11/1 1958
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	top	10
Shale	10	60
Sandstone	60	97

Construction of the well was completed on: 8/27 1958

The well is terminated _____ 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
Registered Well Driller

New Albion, Iowa
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 _____