

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

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

2. Location Village of Soldiers Grove Wis Block 16-  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Hermit Adams  
Name of individual, partnership or firm

4. Mail Address Soldiers Grove, Wis  
Complete address required

5. From well to nearest: Building 8 ft; sewer \_\_\_\_\_ ft; drain \_\_\_\_\_ ft; septic tank \_\_\_\_\_ ft;  
 dry well or filter bed 4 ft; abandoned well \_\_\_\_\_ ft.

6. Well is intended to supply water for: Res.

Sec 30 T11N, 3W

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
Redrilled to 8 1/2 ft - 5" hole in 5' of sand stone.					

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

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
	5' 6 1/2 ft of Standard Heavy black pipe		6 1/2 ft

**9. GROUT:**

Kind	From (ft.)	To (ft.)

**11. MISCELLANEOUS DATA:**

Yield test: 10 Hrs. at 6 GPM.

Depth from surface to water-level: 26 ft.

Water-level when pumping: Same ft.

Water sample was sent to the state laboratory at:  
Madison on Nov 20 1955  
City Returns: Safe

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
Soil Sandy -	0	5
Mud-water -	5	15
Gravel water etc	15	80
Sand Stone	80	85

**RECEIVED**

AUG 15 1957

ENVIRONMENTAL SANITATION

Construction of the well was completed on:

November 16 1955

The well is terminated 14" inches  
 above, below  the permanent ground surface.

Was the well disinfected upon completion?

Yes Yes No \_\_\_\_\_

Was the well sealed watertight upon completion?

Yes Yes No \_\_\_\_\_

Signature H. W. Bartels P.O. Box 175 - Boscobel, Wis.  
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 \_\_\_\_\_