

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

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

2. Location Sec. 20 Town 11, Range 4.W
Name of street and number of premise or Sec. Tn. and R. numbers

3. Owner or Agent Carl Stevenson
Name of individual, partnership or firm

4. Mail Address R.R. Viroqua, Wisconsin.
Complete address required

5. From well to nearest: Building 17 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well 150 ft.

6. Well is intended to supply water for: Home and Farm

OCT 27 1951
SANITARY ENGINEERING

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
8	0	91
6	91	168
4	168	329

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
4	Wrought Iron	0	168

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	7
Cement	7	168

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	28
Lime Rock	28	145
Water Mud Hole	145	153
Sand Rock-Lime Rock	153	168
Brown Sand Rock	168	212
" " "	212	220
Ran in sand hole at 215 Cement was used to seal off sand hole	215	
Brown Sand Rock	220	297
Blue Sand Rock	297	299
Sand Rock-		
Water Bearing-----	299	329

11. MISCELLANEOUS DATA:

Yield test: 6-8 Hrs. at 7 GPM.
 Depth from surface to water: 299 ft.
 Water-level when pumping: 304 ft.
 Water sample sent to laboratory at
La Cross, Wis. on Oct. 30 19 51

Construction of the well was completed on
October 29 19 51
 The well is terminated 30 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 Jim Parshurst
Registered Well Driller
 Permit 301

Route 1, Box 157
Complete Mail Address
Elroy, Wisconsin.

10671