

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

RECEIVED
SEP 17 1951
BUREAU
SAN. ENG.

1. County Crawford Town
Village Freemen
City Check one and give name
2. Location TIN R7W??
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Bob Rusk
Name of individual, partnership or firm
4. Mail Address De Soto, Wisc.
Complete address required
5. From well to nearest: Building 40 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 Use

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	26			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
5"	Standard Weight Pipe	0	32

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement Grout	26	10
Clay	10	0

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 10 GPM.
 Depth from surface to water-level: 34 ft.
 Water-level when pumping: 37 ft.
 Water sample was sent to the state laboratory at:
La Crosse on 9-12 1951
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Top soil & clay	0	22
Sandstone Broken	22	26
Soft sand caving	26	32
Shale stone	32	44
Coarse sand stone	44	62

Construction of the well was completed on:
9-1 1951

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

Was the well disinfected upon completion?
 Yes XXX No _____

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

Signature Alfred A. Jacobson 24 East Broadway Viroqua, Wisc.
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 _____