

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

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

2. Location Lot 3-45-6 Block 31 - Cheney's add Sec 22, 11, 7W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent James McQuinn
Name of individual, partnership or firm

4. Mail Address Rests well
Complete address required

5. From well to nearest: Building 31 ft; sewer _____ ft; drain _____ ft; septic tank 20 ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: None

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8"	top	60	4"	60	115

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11#	top	60

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	top	60

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 15 GPM.

Depth from surface to water-level: 89 ft.

Water-level when pumping: 89 ft.

Water sample was sent to the state laboratory at:
Madison on 7/5 1961
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
clay		30
shale	30	60
Sandstone	60	115

RECEIVED
JUL 14 1961
SANITARY ENGINEERING

Construction of the well was completed on:

7/3 1961

The well is terminated 12 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. Mays
Registered Well Driller

News alb. Iowa
Complete Mail Address

JUL - 6 1961
Rec'd _____ No. 24161

Ans'd _____
Interpretation _____

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	_____	_____	_____	_____	_____
48 hrs.	_____	_____	_____	_____	_____
Confirm	_____	_____	_____	_____	_____
B. Coli	_____	_____	_____	_____	_____

SAFE—BACTERIOLOGICALLY

Examiner _____