

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Village City Mesots T11N
Check one and give name

2. Location Block-24 lots-5-6-7 sec 27 T5P11-R7W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Charles McHowell
Name of individual, partnership or firm

4. Mail Address Mesots 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: None

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	top	120	3 1/4"	120	140

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	10# steel	top	120

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	top	120

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 10 GPM.
 Depth from surface to water-level: 50 ft.
 Water-level when pumping: 80 ft.
 Water sample was sent to the state laboratory at:
Madison on 7/9/1962
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sandstone	98	140
joints welded.		

Construction of the well was completed on: Repair on 9/21 1962

The well is terminated 14 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 Adams Nealbi Iowa
Registered Well Driller Complete Mail Address
 Please do not write in space below

Rec'd JUL 20 1962 No. 25681

Ans'd SAFE—BACTERIOLOGICALLY
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 00000
 Examiner _____