

✓ USGS Duplicate Copy -

NOV 6

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

1. County Crawford Town   
Village   
City  Clayton **RECEIVED**  
Check one and give name

2. Location \_\_\_\_\_  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Bear Creek School # 8  
Name of individual, partnership or firm

4. Mail Address Soldiers Grove, Wis. NOV - 8 1963  
Complete address required **SANITARY ENGINEERING**

5. From well to nearest: Building 6 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: School

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)

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

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
<u>4 3/4</u>	<u>of 5" Black Standard heavy duty Steel Casing</u>		

**9. GROUT:**

Kind	From (ft.)	To (ft.)
<u>Yes</u>		

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
<u>Black dirt</u>	<u>20</u>	<u>7</u>
<u>Shale Rock</u>	<u>to</u>	<u>50</u>
<u>Into sand Rock</u>	<u>last</u>	<u>8</u>
<u>Depth of well</u>	<u>58</u>	<u>ft.</u>

Construction of the well was completed on: Sept 5 1957

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 \_\_\_\_\_

**11. MISCELLANEOUS DATA:**

Yield test: \_\_\_\_\_ Hrs. at \_\_\_\_\_ GPM.  
 Depth from surface to water-level: 17 ft.  
 Water-level when pumping: Same ft.  
 Water sample was sent to the state laboratory at:  
Madison on Sept 9 1957  
City

Signature H. W. Bartels Basabel, wis.  
Registered Well Driller Please do not write in space below Complete Mail Address +

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 \_\_\_\_\_