

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

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

2. Location Section 4 R3W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Mrs. Lenice Elliott
Name of individual, partnership or firm

4. Mail Address R. 7 D. Boscobel, Wisconsin
Complete address required

5. From well to nearest: Building 10 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Farm home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	60			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt	0	43

9. GROUT:

Kind	From (ft.)	To (ft.)
None		

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 570 GPM.

Depth from surface to water-level: 10 in.

Water-level when pumping: 18 in. ft.

Water sample was sent to the state laboratory at:

Madison City on Jan 3 1961

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
loose sand	0	35
shalestone	35	60

RECEIVED

JAN 17 1961

SANITARY ENGINEERING

Construction of the well was completed on:

July 25 1960

The well is terminated 8 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 Kenneth Copien
Registered Well Driller

R3, Box 36, Boscobel, Wis.
Complete Mail Address

Please do not write in space below

Rec'd JAN 4 - 1961 No. 320

Ans'd _____

Interpretation _____

SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____