

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wsl 6

See Instructions on Reverse Side

1. County Crawford Town  Marietta  
 Village   
 City  Check one and give name R3W
2. Location Section 9 Twp 7-8N Range 3-4 W  
 Name of street and number of premise or Section, Town and Range numbers
3. Owner  or Agent  George Ross  
 Name of individual, partnership or firm
4. Mail Address R7D Roscobel, Wis 53805  
 Complete address required
5. From well to nearest: Building 15 ft; sewer 60 ft; drain 60 ft; septic tank 70 ft;  
 dry well or filter bed 75 ft; abandoned well 0 ft.
6. Well is intended to supply water for: home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	53	6	53	100

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	53

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	53

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 18 GPM.  
 Depth from surface to water-level: 60 ft.  
 Water-level when pumping: 65 ft.  
 Water sample was sent to the state laboratory at:  
Madison on Oct. 9 1963  
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
limestone	15	70
sandstone	70	100

Construction of the well was completed on:

May 9 1963

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 Kenneth Coyman Registered Well Driller R3 Box 36 Roscobel, Wis. Complete Mail Address 53805

Please do not write in space below

Rec'd OCT 10 1963 No. 44674

Ans'd \_\_\_\_\_

Interpretation \_\_\_\_\_

**SAFE—BACTERIOLOGICALLY**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_

48 hrs. \_\_\_\_\_

Confirm [Signature]

B. Coli \_\_\_\_\_

Examiner \_\_\_\_\_