

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

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

2. Location Sec-8 R-3W, T-9N  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Henry Young  
Name of individual, partnership or firm

4. Mail Address Gays Mills, Wisconsin  
Complete address required

RECEIVED  
AUG 29 1958  
ENVIRONMENTAL  
SANITATION

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: Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
<del>6</del>	<del>0</del>	<del>64</del>	6	30	64
10	0	30			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Std Black	0	31

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	31

11. MISCELLANEOUS DATA:

Yield test: 1/2 Hrs. at 20 GPM.  
Depth from surface to water-level: 10 ft.  
Water-level when pumping: 40 ft.  
Water sample was sent to the state laboratory at:  
Madison on July 7 1958  
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Topsoil	0	8
Sandstone	8	64

Construction of the well was completed on:  
June 1 1958

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 Don O'Connor Registered Well Driller  
Spring Green, Wis. Complete Mail Address  
Please do not write in space below

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 \_\_\_\_\_

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