

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 Section 9 (T9N3W)
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Jack McCullick
 Name of individual, partnership or firm

4. Mail Address Boscobel, Wis. R. 7, D. 1
 Complete address required

5. From well to nearest: Building 6 ft; sewer 60 ft; drain 60 ft; septic tank 75 ft;
 dry well or filter bed 100 ft; abandoned well 150 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.)
10	0	94	6	94	190

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt.	0	94

9. GROUT:

Kind	From (ft.)	To (ft.)
clay	0	80
cement	80	94

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 8 GPM.
 Depth from surface to water-level: 160 ft.
 Water-level when pumping: 160 ft.
 Water sample was sent to the state laboratory at:
Madison on July 6 1959
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
loose stone + clay	0	70
loose rock + sand	70	80
limestone	80	100
shalestone	100	190

RECEIVED
 JUL 15 1959
 ENVIRONMENTAL SANITATION
 Construction of the well was completed on:
May 10 1959
 The well is terminated 192 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 Coyne
 Registered Well Driller

R 3 Box 36 Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd JUL 7 1959 No. 21102
SAFE
 Ans'd _____
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 0
 Examiner _____

686