

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 16 T9NR3W near center S $\frac{1}{2}$ S $\frac{1}{2}$ S $\frac{1}{2}$ Sec. 9
Name of street and number of premise or Section, Town and Range numbers
- 3. Owner or Agent Mt. Zion School, Boscobel School Dist.
Name of individual, partnership or firm
- 4. Mail Address Boscobel, Wisconsin
Complete address required
- 5. From well to nearest: Building 8 ft; sewer 150 ft; drain 50 ft; septic tank 100 ft;
dry well or filter bed 125 ft; abandoned well 0 ft.
- 6. Well is intended to supply water for: School (New)

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
11	0	40	10	40	216
			6	216	695

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	216
40	" "	0	40
		RECE	

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	216

11. MISCELLANEOUS DATA:

Yield test: 28 Hrs. at 40 GPM.
 Depth from surface to water-level: 250 ft.
 Water-level when pumping: 300 ft.
 Water sample was sent to the state laboratory at:
Madison on Jan. 13 1960
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
loose stone, clay	0	25
limestone	25	205
sandstone	205	325
limestone grey	325	450
sandstone	450	500
limestone	500	550
sandstone	550	625
shalestone	625	695

Construction of the well was completed on:

November 25 1959

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 Coyzian R 3 Box 36, Boscobel, Wis.
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd JAN 14 1960 No. 1494

Ans'd _____

Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____