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

NOV 2 1945

1. County CRAWFORD { Town / Village / City } WEST FORK

2. Location SECTION 12 RANGE 3 WEST SCOTT TOWNSHIP. (T 9 N)

3. Owner or Agent LOWER WEST FORK SCHOOL

4. Address BLUE RIVER, WISCONSIN. R. F. D. # 1.

5. From well to nearest: Building 8 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: USE AT SCHOOL

7. DRILLHOLE OR EXCAVATION:

Dia. (in.)	From (ft.)	To (ft.)
5"	0	89 ft.

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
5"	STANDARD ~~#####~~ [redacted] GALVANIZED		
	PIPE.	0	78

9. GROUT:

Kind	From (ft.)	To (ft.)

10. FORMATIONS:

Kind	Thickness (ft.)	Total Depth (ft.)
DRILLED WELL		
BLACK DIRT	0	15
white sand and water	15	70
white sand rock	70	89

11. MISCELLANEOUS DATA:

Yield test: 9 Hrs. at 5 GPM.

Depth from surface to water: 10 ft.

Water-level when pumping: same. ft.

Water sample sent to laboratory at OCTOBER 15 on ____ 19 45

Construction of the well was completed on OCTOBER 10 19 45

The well is terminated 14 inches (above) ~~(below)~~ the permanent grade.

Was the well disinfected upon completion? Yes yes No ____

Was the well sealed watertight upon completion? Yes yes No ____

Signature H. W. Bartels
Registered Well Driller

P.O. Box 323
Complete Mail Address
Boscobel, Wisconsin

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