

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

RECEIVED

See Instructions on Reverse Side

JUN 30 1964

1. County Crawford Town Scott
 Village
 City Check one and give name
 2. Location Section 22 T9N R3W Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent James H. Dawson Name of individual, partnership or firm
 4. Mail Address RFD 1 Boscobel, Wis. 53805 Complete address required
 5. From well to nearest: Building 15 ft; sewer 0 ft; drain 75 ft; septic tank 100 ft;
 dry well or filter bed 125 ft; abandoned well 10 ft.

SANITARY ENGINEERING

6. Well is intended to supply water for: Farm home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
9	0	115	5	115	170

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5	Standard wt.	0	125

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	40
Cement	40	115

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 8 GPM.
 Depth from surface to water-level: 120 ft.
 Water-level when pumping: 120 ft.
 Water sample was sent to the state laboratory at:
Madison on June 23 1964
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
black dirt	0	15
Clay	15	40
limestone	40	100
hard sandstone	100	115
loose sand	115	118
sandstone	118	170

Construction of the well was completed on:
May 23 1964
 The well is terminated 18 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 Harold Coplan
 Registered Well Driller

R3 Box 36 Boscobel, Wis. 53805
 Complete Mail Address

Please do not write in space below

Rec'd JUN 24 1964 No. 26367

Ans'd _____
 Interpretation **UNSAFE—BACTERIOLOGICALLY**

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