

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

RECEIVED

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

2. Location Sec. 19 Town 9 N. Range 4 west DEC 6 1962
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Bill Cotel
 Name of individual, partnership or firm

4. Mail Address Fays Mills
 Complete address required

5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well 150 ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	63			
6	63	316			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard pipe	0	63

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	63

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 10 GPM.

Depth from surface to water-level: 246 ft.

Water-level when pumping: 246 ft.

Water sample was sent to the state laboratory at:

Madison on Dec 4 1962
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Top soil	0	5
Sandstone hard	5	45
Limestone	45	97
Red Limestone flint	97	130
Brown limestone	130	170
Grey limestone	170	200
Brown limestone	200	230
Sandstone	230	305
Shale	305	316

Construction of the well was completed on:

12-27 1962

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 Duane Lubbers
 Registered Well Driller

Farmersburg, Iowa
 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. Coll _____

Examiner _____