

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Haney
 Village City Check one and give name
 2. Location Section 21
 Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent John Moses
 Name of individual, partnership or firm
 4. Mail Address Sage Mills, Wis.
 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 0 ft.
 6. Well is intended to supply water for: School

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	250			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt	0	127

9. GROUT:

Kind	From (ft.)	To (ft.)
Sand	0	110

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 25 GPM.
 Depth from surface to water-level: 100 ft.
 Water-level when pumping: 110 ft.
 Water sample was sent to the state laboratory at:
Madison on Aug. 31 1960
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	10
loose sand	10	110
white sandstone	110	200
shale stone	200	250

SEP 8 1960

SANITARY ENGINEERING

Construction of the well was completed on:
Sept. 7 1959
 The well is terminated 8 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 Copman Registered Well Driller
 Complete Mail Address R3 Box 36 Boscobel, Wis.
 Please do not write in space below

Rec'd SEP 1 - 1960 No. 33914

Ans'd _____
 Interpretation **SAFE - BACTERIOLOGICALLY**

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 6
 Examiner _____