

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

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

2. Location Section 23 5644 T9N R5W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Leo Ferris
 Name of individual, partnership or firm

4. Mail Address 1822 Valden St. Madison, Wis.
 Complete address required

5. From well to nearest: Building 10 ft; sewer 50 ft; drain 50 ft; septic tank 75 ft;
 dry well or filter bed 120 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	130			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6 in.	Standard wt	0	120

9. GROUT:

Kind	From (ft.)	To (ft.)
sand	0	100

11. MISCELLANEOUS DATA:

Yield test: 12 Hrs. at 15 GPM.
 Depth from surface to water-level: 40 ft.
 Water-level when pumping: 45 ft.
 Water sample was sent to the state laboratory at:
Madison on Aug 31 1960
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
sand	0	100
white sandstone	100	130

RECEIVED
 SEP 8 1960
 SANITARY ENGINEERING

Construction of the well was completed on:
July 11 1960

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 Coplan Registered Well Driller R3 Box 36, Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd **SEP 1 - 1960** No. 33931

Ans'd _____
 Interpretation _____

SAFE - BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas - 24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 0
 Examiner _____