

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wol 6

See Instructions on Reverse Side

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

2. Location Section 6 T10N Range R3W  
 Name of street and number of premise or Section, Town and Range numbers DEC 7 1962

3. Owner  or Agent  Merrill Pugh  
 Name of individual, partnership or firm

4. Mail Address R7D Soldiers Grove, Wis.  
 Complete address required

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

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

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	126	6	126	250

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt.	0	126

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	25
Cement	25	126

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.

Depth from surface to water-level: 210 ft.

Water-level when pumping: 210 ft.

Water sample was sent to the state laboratory at:

Madison on Dec. 5 1962  
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	25
sandstone	25	90
limestone	90	110
Clay	110	118
sandstone	118	190
limestone	190	225
hard shalestone	225	250

Construction of the well was completed on:

December 1 1962

The well is terminated 12 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 Poyzman  
 Registered Well Driller

R3 Box 36, Boscobel, Wis.  
 Complete Mail Address

Please do not write in space below

Rec'd DEC 6 - 1962 No. 45620

10 ml 10 ml 10 ml 10 ml 10 ml

Ans'd  
 Interpretation SAFE—BACTERIOLOGICALLY

Gas—24 hrs. \_\_\_\_\_

48 hrs. \_\_\_\_\_

Confirm \_\_\_\_\_

B. Coli 0

Examiner \_\_\_\_\_