

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

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

2. Location Sec-9 R3E T10N
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Buren Davenport
Name of individual, partnership or firm

4. Mail Address Soldiers Grove, Wis
Complete address required

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

6. Well is intended to supply water for: Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40			
6	40	224			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Std Blk	0	40

9. GROUT:

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

11. MISCELLANEOUS DATA:

Yield test: $\frac{1}{2}$ Hrs. at 10 GPM.
 Depth from surface to water-level: 197 ft.
 Water-level when pumping: 200 ft.
 Water sample was sent to the state laboratory at:
Madison on July 7 1958
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Topsoil	0	20
limestone	20	150
sand & lime	150	175
sand stone	175	224

Construction of the well was completed on:
May 20 1958

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 Don Olson
 Registered Well Driller

Spring Green
 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. Coli _____
 Examiner _____