

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

1. County Crawford Town
Village Clayton
City

2. Location Sec 91 R 3 E T10N
Name of street and number of premise or Section, Town and Range

3. Owner or Agent Mrs Paul Moran
Name of individual, partnership or firm

4. Mail Address Oays 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 300 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	375

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Std BIK	0	41' 2"

9. GROUT:

Kind	From (ft.)	To (ft.)
Puddled Clay	0	40

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 10 GPM.
 Depth from surface to water-level: 26.5 ft.
 Water-level when pumping: 26.5 ft.
 Water sample was sent to the state laboratory at:
Madison on 9-13 1957
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Limestone (Very sandy)		
Top soil	0	10
Limestone (Very sandy)	10	180
Shale	180	300
Shale (very sandy)	300	375

Construction of the well was completed on:
Sept 1 1954

The well is terminated 12 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes _____ No 1

Was the well sealed watertight upon completion?
 Yes 1 No _____

Signature Don Olanow
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 _____