

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 25 R3E T10N, R3W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent loyd Hartley
Name of individual, partnership or firm

4. Mail Address Soldiers Grove
Complete address required

5. From well to nearest: Building 35 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well 60 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	43			
6	43	290			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	std BIK	0	43

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	43

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 10 GPM.

Depth from surface to water-level: 190 ft.

Water-level when pumping: 221 ft.

Water sample was sent to the state laboratory at:

Madison on 9-18 1958
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Topsoil	0	3
Limestone	3	170
Shale	170	250
Sandstone	250	290

RECEIVED
MAY 8 1959

RECEIVED

SEP 30 1958

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:

Sept 2 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 O'Connor
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 _____

876