

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

Wsl 6

1. County Crawford Town Gays Mills
 Village City Check one and
 2. Location Section 21 Block 10 T10N R4W Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Willis Zintz Name of individual, partnership or firm
 4. Mail Address Gays Mills Complete address required
 5. From well to nearest: Building 6 ft; sewer 65 ft; drain 65 ft; septic tank 65 ft;
 dry well or filter bed 0 ft; abandoned well 0 ft.

RECEIVED
MAR 17 1965
SANITARY
ENGINEERING

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	49	6	49	90

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	57

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	25
Cement	25	57

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.
 Depth from surface to water-level: 70 ft.
 Water-level when pumping: 70 ft.
 Water sample was sent to the state laboratory at:
Madison on 3-10 1965
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	25
sandrock	25	40
loose sandrock	40	47
sandrock	47	90

Construction of the well was completed on:

Feb. 25 1965

The well is terminated 24 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 Boocobol, Wis.
 Complete Mail Address 53805

Please do not write in space below

Rec'd **MAR 11 1965** No. 9852
 Ans'd **MAR 15 1965**
 Interpretation **SAFE... BACTERIOLOGICALLY**

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm 00000
 B. Coli _____

Examiner _____