

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

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

2. Location Section 28 TION, 40 R4W  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Otto Thompson  
Name of individual, partnership or firm

4. Mail Address Gays Mills, Wis. P. 7, D.  
Complete address required

5. From well to nearest: Building 8 ft; sewer 25 ft; drain 30 ft; septic tank 50 ft;  
dry well or filter bed 70 ft; abandoned well 25 ft.

6. Well is intended to supply water for: Cheese Factory

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	0	100			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard	0	47

9. GROUT:

Kind	From (ft.)	To (ft.)
loose sand	0	40

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 20 GPM.

Depth from surface to water-level: 15 ft.

Water-level when pumping: 25 ft.

Water sample was sent to the state laboratory at:

Madison on July 13 1960  
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
loose sand	0	40
sandstone	40	60
shalestone	60	100

RECEIVED

JUN 28 1960

SANITARY  
ENGINEER

Construction of the well was completed on:

February 11 1960

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 Coyner  
Registered Well Driller

P. 3, Box 36, Boscobel, Wis.  
Complete Mail Address

Please do not write in space below

Rec'd. JUN 14 1960 19985  
No.

Ans'd \_\_\_\_\_  
Interpretation UNSAFE UNSAFE

Because of the presence of B. Coli in  
one of the 10 cc. portions of this sam-  
ple another examination is advisable.

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_  
48 hrs. + 00000  
Confirm + 00000

B. Coli 1/5  
Examiner \_\_\_\_\_