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

RECEIVED
OCT 1 1948
BUREAU SAN. ENG.

1. County Crawford { Town ☒ Village ☐ City ☐ } Utica
Check one and give name

2. Location Sec. 12-10-5-W
Name of street and number of premise or Sec. Tn. and R. numbers

3. Owner ☒ or Agent ☐ Girdler School
Name of individual, partnership or firm

4. Mail Address Kickapoo Mills, Wis
Complete address required

5. From well to nearest: Building Bldg - 85 ft. 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: School

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
6 inch		

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Steel Drive Pipe		40

9. GROUT:

Kind	From (ft.)	To (ft.)

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Mud + Gravel		32
Blue Shale + Sandrock		48

Depth of Well 80 ft

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.

Depth from surface to water: 45 ft.

Water-level when pumping: 45 ft.

Water sample sent to laboratory at Oct. on 19 19 48

Construction of the well was completed on Sept 19 48

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

Was the well disinfected upon completion? Yes X No

Was the well sealed watertight upon completion? Yes X No

Signature Carl Williams
Registered Well Driller

Mt. Sterling
Complete Mail Address

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