

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

RECEIVED
DEC 12 1949
STATE BOARD OF HEALTH

1. County Crawford { Town
Village
City } Frederick
 2. Location Sec. 6-70-R6W
 3. Owner or Agent La Crosse Trust Co.
 4. Mail Address La Crosse, Wis.
 Complete address required

5. From well to nearest: Building House ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well 20 ft.
 6. Well is intended to supply water for: Farm purpose

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
<u>5 inch</u>		

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>Mud & Gravel</u>	<u>50</u>	<u>ft</u>
<u>Shale Rock</u>	<u>30</u>	<u>ft</u>
<u>Sand Rock</u>	<u>10</u>	<u>ft</u>
<u>Blue Shale</u>	<u>10</u>	<u>ft</u>

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
<u>5 in.</u>	<u>Steel Drinpipe</u>	<u>83</u>	<u>ft</u>

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:
 Yield test: 2 Hrs. at _____ GPM.
 Depth from surface to water: 56 ft.
 Water-level when pumping: 56 ft.

Water sample sent to laboratory at
Madison on Dec. 9 1949
 Signature Carl Williams
 Registered Well Driller

Construction of the well was completed on Oct 1949
 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 _____
Wt Stealing, Wis.
 Complete Mail Address