

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

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

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

3. Owner or Agent Ray Gabel
Name of individual, partnership or firm

4. Mail Address Prairie Du Chien, Wis.
Complete address required

5. From well to nearest: Building 10 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 20 ft.

6. Well is intended to supply water for: farm home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	540

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	20
Cement	20	40

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 8 GPM.
Depth from surface to water-level: 400 ft.
Water-level when pumping: 400 ft.
Water sample was sent to the state laboratory at:
Madison on July 27 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	20
limestone	20	180
sandstone	180	250
blue limestone	250	325
sandstone	325	540

RECEIVED

AUG 4 1959

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:
May 15 June 1959

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 Herbert Coyman
Registered Well Driller

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

Please do not write in space below

Rec'd JUL 28 1959 24385
No.

Ans'd _____

Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____