

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 _____
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent John Jimmy
 Name of individual, partnership or firm

4. Mail Address Eastman Wis. Complete address required

RECEIVED
 AUG 29 1956

5. From well to nearest: Building 10 ft; sewer none ft; drain none ft; septic tank _____ ft
 dry well or filter bed none ft; abandoned well _____ ft

ENVIRONMENTAL SANITATION

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	48	6	48	380

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	<u>Blk Steel pipe</u> <u>(Str.) wt</u>	0	48

9. GROUT:

Kind	From (ft.)	To (ft.)
<u>Cement</u>	6	48

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at 10 GPM.
 Depth from surface to water-level: 320 ft.
 Water-level when pumping: 340 ft.
 Water sample was sent to the state laboratory at:
not installed on _____ 19____
 City _____

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>Surface + Clay</u>	0	12
<u>Buff line</u>	12	38
<u>Drab line</u>	38	70
<u>Trenton line</u>	70	125
<u>St. Peter Sand</u>	125	165
<u>Prairie DeChincerie</u>	165	380

Construction of the well was completed on:

Jan 20 1956

The well is terminated 8 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 Roy Beets 503 Cuba City Wis.
 Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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