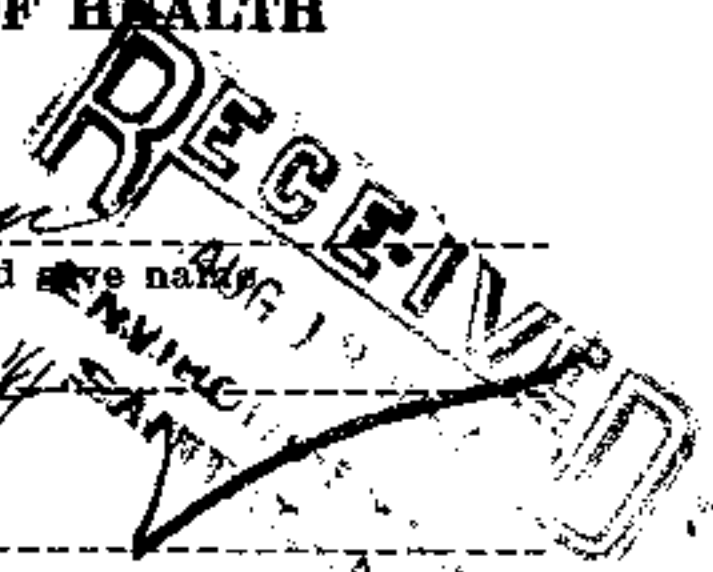


WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side



1. County Crawford Town Eastman
 Village City Check one and give name
 2. Location Sec 2 R. 6. W. 7. N. SW 1/4 of SE 1/4
 Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Mrs. Joseph Handricher
 Name of individual, partnership or firm
 4. Mail Address Box 208 RR #1 Prairie Du Chem Wis.
 Complete address required
 5. From well to nearest: Building 40 ft; sewer 150 ft; drain 150 ft; septic tank 200 ft;
 dry well or filter bed none ft; abandoned well none ft.

6. Well is intended to supply water for: Home & Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	6	47	6	49	385

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Std. Black Steel Pipe Wgt. 19.45	6	47

9. GROUT:

Kind	From (ft.)	To (ft.)
Neat Grout	40	47
	6	40

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 10 GPM.
 Depth from surface to water-level: 330 ft.
 Water-level when pumping: 335 ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Old Well	0	103
Drab Lime	103	120
Trenton Lime	120	163
St. Peter Sand	163	208
Prairie Du Chem	208	335

Construction of the well was completed on:

July 11 1924
 The well is terminated Putting Pitless unit on old inches
 above, below the permanent ground surface Pit.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Tommy Beets
 Registered Well Driller

Box 503 Cuba City Wis.
 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 _____