

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

JUN 28 1965

1. County Crawford Town  Eastman  
 Village  City  Check one and give name  
 2. Location Section 6 Town 8N R5 Name of street and number of premise or Section, Town and Range numbers  
 3. Owner  or Agent  Ivan Trautsch Name of individual, partnership or firm  
 4. Mail Address RFD Eastman, Wis. Complete address required  
 5. From well to nearest: Building 6 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;  
 dry well or filter bed 0 ft; abandoned well 100 ft.

SANITARY ENGINEERING R5W

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	71	6	71	120

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt	0	71

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	40
Cement	40	71

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 20 GPM.  
 Depth from surface to water-level: 100 ft.  
 Water-level when pumping: 105 ft.  
 Water sample was sent to the state laboratory at:  
Madison on 6-21 1965  
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay & stone	0	40
broken limestone	40	60
hard limestone	60	120

Construction of the well was completed on:

June 17 1965

The well is terminated X 10 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 Kimeth Coplan  
 Registered Well Driller

R3 Box 36, Bascohel, Wis.  
 Complete Mail Address

Please do not write in space below

Rec'd JUN 22 1965 No. 27838

Ans'd

Interpretation

SAFE BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs.

48 hrs.

Confirm

B. Coli 00000

Examiner