

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Vol 6

See Instructions on Reverse Side

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

2. Location Sec. 16 Town 8 N R 5 W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Clifford Meyers
 Name of individual, partnership or firm

4. Mail Address R 7 D Steuben, Wis.
 Complete address required

5. From well to nearest: Building 50 ft; sewer 300 ft; drain 300 ft; septic tank 300 ft;
 dry well or filter bed 300 ft; abandoned well 0 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	490

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	5
Cement	5	40

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 20 GPM.

Depth from surface to water-level: 400 ft.

Water-level when pumping: 410 ft.

Water sample was sent to the state laboratory at:

Madison on Jan 4 1966
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	5
loose clay & stone	5	15
lime rock	15	105
sandrock	105	185
limerock	185	410
sandrock	410	490

Construction of the well was completed on:

Dec. 20 1965

The well is terminated 10 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 Kenneth Doyan
 Registered Well Driller

R 3 Box 36 Boscobel Wis.
 Complete Mail Address 53805

Please do not write in space below

Rec'd JAN 5 1966 No. 35796

Ans'd JAN 5 1966 JAN 7 - 1966

Interpretation Safe
Bacteriologically

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm 00000

B. Coli _____

Examiner _____

600