

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

CR-7-6

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

2. Location Village of Eastman Sec 18 2N5W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Village of Eastman
Name of individual, partnership or firm

4. Mail Address Eastman, Wis.
Complete address required

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

6. Well is intended to supply water for: _____

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
18"	0	30'	12"	102'	938'
17 1/4"	30'	102'			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
28"		0	30'
		0	102'

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
 Depth from surface to water-level: 402 ft.
 Water-level when pumping: _____ ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Rock & Black mud	0	10
Hard orange clay	10	30'
Sand & gravel	30	50
Limestone	50	178
White sandstone	178	220
Sandstone with Tr. of dolomite	220	233
Sandstone	233	255
Limestone	255	380

Construction of the well was completed on: _____ 19____

The well is terminated _____ 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 _____ Registered Well Driller Complete Mail Address
Please do not write in space below

Rec'd _____ No. _____	10 ml	10 ml	10 ml	10 ml	10 ml
Ans'd _____	Gas—24 hrs. _____				
Interpretation _____	48 hrs. _____				
_____	Confirm _____				
_____	B. Coli _____				
_____	Examiner _____				

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