

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

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

2. Location TEN R6-SW Sec 7  
 Name of street and number of premise or Section, Town and Range numbers

**RECEIVED**  
 JUN 30 1953  
 ENVIRONMENTAL  
 SANITATION

3. Owner  or Agent  L L Hopkins  
 Name of individual, partnership or firm

4. Mail Address Lancaster, Wisconsin  
 Complete address required

5. From well to nearest: Building 5 ft; sewer \_\_\_\_\_ ft; drain \_\_\_\_\_ ft; septic tank 25 ft;  
 dry well or filter bed 100 ft; abandoned well \_\_\_\_\_ ft.

6. Well is intended to supply water for: House

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	15	6	15	90

**8. CASING AND LINER PIPE OR CURBING:**

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel	0	81

**9. GROUT:**

Kind	From (ft.)	To (ft.)
Clay slurry	0	15

**11. MISCELLANEOUS DATA:**

Yield test: 2 Hrs. at 30 GPM.  
 Depth from surface to water-level: 10 ft.  
 Water-level when pumping: 15 ft.  
 Water sample was sent to the state laboratory at:  
 \_\_\_\_\_ on \_\_\_\_\_ 19\_\_\_\_  
 City

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
Black	0	6
Shad & gravel	6	70
Green shale	70	80
Limestone	80	90

Construction of the well was completed on: 6/11 1953

The well is terminated 12 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 Holman & Richard  
 Registered Well Driller

Linden, 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 \_\_\_\_\_

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