

1. COUNTY Crawford CHECK ONE Town Village City Bell Center NAME
 2. LOCATION (Number and street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
Section 34 Town 10 N Range 4 W

RECEIVED
 APR 25 1966

3. OWNER AT TIME OF DRILLING Mrs. Albert Eitacht
 4. OWNER'S COMPLETE MAIL ADDRESS R 70 Gays Mills, Wis.

SANITARY ENGINEER

5. Distance in feet from well to nearest:
 (Record answer in appropriate block)

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
10'	C.I. TILE	C.I. TILE	SEWER CONNECTED INDEPENDENT	C.I. TILE

CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
C.I. TILE								
0	0	0	100	0	100	0	0	0

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)
 0

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. FORMATIONS	Kind	From (ft.)	To (ft.)
6"	Surface	100'				loose sand		Surface	55
						sandstone		55	100

8. CASING, LINER, CURBING, AND SCREEN

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	Surface	70

9. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
None	Surface	

Well construction completed on 7-10- 1965

11. MISCELLANEOUS DATA

Yield test: 10 Hrs. at 10 GPM

Well is terminated 10 inches above below final grade

Depth from surface to normal water level 60 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 60 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison, Wis. laboratory on: 4-20- 1966

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Kenneth Coplan Registered Well Driller COMPLETE MAIL ADDRESS R 3 Box 36 Boocobel, Wis. 53805

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
938				