TO THE WISCONSIN STATE BOARD OF HEALTH, WELL DRILLING DIVISION, MADISON, WIS.

WELL LOG, PREMISES DIAGRAM, and REPORT

For Official Record of the Board.				
Owner 1	Shorter"	O BE USED FOR THAT P		2/570
(If a joint ownership halding an interest.	give same of responsible offici Use a separate sheet and attac	_ !	B 1.1	Pri 1
Address	Essobille	Puis Addres	85	The state of the s
	(Oith village, township,	Date of	Report Luly	9 41
Give below the	location of the proper	ty on which well is drilled.		71
	village or city:			
	ed hamlet	Name Let		rect and No.
If Lake Shore P	Plat Name of Plat	Name County O	auford Qu	Hetry /to
If Farm	Comety	1 / / TWO OF 1 A /	/, Sec. /	Highway
If School	County 1	W/y SVV	1/4 Sec.	District
If other public b	Tinó	County	Eman	Bee.
Miscellaneous .	Tied	County	Twp.	Sec
WELL LOG and REPORT				
Screens, Seals Grouts, etc.	Well Diagram (Each vertical line equals 17)	Kind of Casing, liner, shoe, etc. (Each horizontal line equals 5')	Formations State if dry or water bearing	Record of FINAL Pumping Test

	25	galvanised	dry Hole	Duration of test.
	50	galvanised	LO A	Hours 7 HOUN
	79	CEMENTEA	To ene,	Pumping Rate.
		in	droth H	Pumping Rate. G. P. M. 30 stroko One P
			sel 930	Depth of pump in well.
	125			Fr. 280 ft
	110		solid	Standing water-level
	178		Bock	(from surface.)
	200		rock	Ft 230 T
	228		-	Water level when pumping
	280			Ft
				Water. End of test. Check:
	300			Clear <u>ClEas</u>
i				Cloudy
	350			,
				Was well sterilized before test?
Ì	400			Yes No
			:	O416
				To which Laboratory was sample sent?
1	800			Date
Ì				Was the well sealed on completion?
			·	Yes No
			•	How high did you leave
	400			one foot
				Well was completed
				9 aly 18 19 37
		• .	7	Well Driller:
	700			Signature.
				(Be sure to complete the
			į	eport on the reverse side)