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

1. County Crawford	Town Pining Lun
2. Location Riving Lun	(City Check one and give name
Name of street and number of premis	e or Section, Town and Range numbers
3. Owner  or Agent  Name of individual	partnership or firm
4. Mail Address Rising Sun	Similarion
Complete add	dress required
5. From well to nearest: Building 3.Q. ft; sewer.	12_ft; drain_/5_ft; septic tank_2a_ft;
dry well or filter bed_/_e_ft; abandoned well	ft
6. Well is intended to supply water for:	hool
7. DRILLHOLE:	10. FORMATIONS:
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.)
10 0 62	Clay & dist 0 5
662370	limerock + clay 5 10
8. CASING AND LINER PIPE OR CURBING:	10 52
Dia. (in.) Kind and Weight From (ft.) To (ft.)	sandatone 52 123
scandard	limestone 123 235 sandstone 235 370
·	sandstone 235 370
9. GROUT:	
Kind   From (it.)   To (it.)	·—————————————————————————————————————
Cement	
	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	1955
Yield test: Hrs. at GPM.	The well is terminated inches
Depth from surface to water-level: 270 ft.	above, below  the permanent ground surface.
	Was the well disinfected upon completion?
Water-level when pumping: ft.	YesX No
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?
madiano on Supt. 7 1955	YesX No
	<u></u>
Signature XLINIUM Company	R. 3 Boy 36 Boardel This
Please do not wr	ite in space below
SEP 8 - 1955 30326	10 ml 10 ml 10 ml 10 ml
Ans'd	Gas-24 hrs
Interpretation	48 hrs. 2
interpretation	Confirm
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	B. Coli
95	Examiner