WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH See Instructions on Reverse Side 1. County Crawfine 3. Owner 🔀 or Agent 🔲 ___ ame of individual, partnership or firm 4. Mail Address Complete address required 5. From well to nearest: Building 6.5. ft; sewer ft; drain ft; septic tank ft; dry well or filter bed____ft; abandoned well____ft. 7. DRILLHOLE: 10. FORMATIONS: To (ft.) Dia. (in.) From ((t.) From Kind (ft.) 8. CASING AND LINER PIPE OR CURBING: From (ft.) (m.) 9. GROUT: From (ft.) To (ft.) Kind 11. MISCELLANEOUS DATA: Yield test: _____ Hrs. at Construction of the well was completed on _____ _GPM. Depth from surface to water: _ The well is terminated _____ inches ☐ above, below ☐ the permanent ground surface. Water-level when pumping: ____ Was the well disinfected upon completion? Water sample sent to laboratory at Was the well sealed watertight upon completion? Signature, Registered Well Driller Complete Mail Address LaCrosse, Wis.

RECEIVED