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

	·				- J.S	EP4
1. Cour	CRAWFORD ty ###################################	*****	اــــــــــــــــــــــــــــــــــــ	Town Village BRIDGEPORT City		
2. Loca	tion SECTION#1	1: RANG	, ,			
3. Own	er or Agent SEYN	ORE J.	EBWARDS			
. Addı	The transfer					•
dry 3. Well	well or filter bed is intended to supply	ft; aban	doned well		tic tank	-100-ft
7. DRI	LLHOLE OR EXCAV			10. FORMATIONS:	. •	
Dia.			0 '	Kind	Thick- ness (ft.)	Total Depth (ft.)
	6 50 1		175!	LIGHT YELLOW CLAY		
<u> </u>	orti y sti v ta	. C.	-	AND SOIL	01	50
				LIME STONE	50	130
B. CAS	ING AND LINER PIE	PE OR CUE	BING:	WHITE SAND ROCK	130	175 -
6*	WELL DRILLERS	— — — 				
<u>-</u> -	STREE CASING					
	BLACK.	0'	50 1			
<u></u>				 		 -
. GRO	UT:		-	<u> </u>		
	Kind	From (ft.)	To (ft.)	<u> </u>		
			_ 	<u></u>		··
<u> · · · · · · · · · · · · · · · · · ·</u>		-			<u> </u>	
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. MISC	CELLANEOUS DATA	\:				
eld tes	t: Hrs. a	ıt	GPM.	Construction of the well was co	_	
epth fr	om surface to water:	125'	ft,	The well is terminated		
	CTRIC PUMP TO I vel when pumping:		_	The well is terminated1(above) (b#### the permanen	_	inches
	ample sent to laborato			Was the well disinfected upon		n?
	_	-	10		CES No.	
	on	- <i>-</i>	19	Was the well sealed watertight Yes	upon con	-
gnatur	e H. W. BARTE Registered Well D		P.	O. BOX 323, BOSCOBEL, Y	VISCONS idress	IN.