WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH See Instructions on Reverse Side	
1. County Crawford	Town H Haus oka
2. Location 8 miles W. of	City Check one and give name
Name of street and number of premise	or Section, Town and Range numbers
3. Owner or Agent Name of individual, partnership or firm	
4. Mail Address Many & Maint of Individual, partnership of firm Complete address required	
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5. From well to nearest: Building_/Q_ft; sewer_Q_ft; drain_5.o.ft; septic tank_Q_ft;	
dry well or filter bedft; abandoned wellOft.	
6. Well is intended to supply water for: farmit the free to the supply water for:	
7. DRILLHOLE:	10. FORMATIONS:
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.)
10 0 48 6 48 225	sandstone 0 40
	limestone 40/80
8. CASING AND LINER PIPE OR CURBING: Dia. (in.) Kind and Weight From (ft.) To (ft.)	sandstone 180 225
6 standard 0 48	
	RECEIVED
	JUL 8 1858
9. GROUT:	ENVIRONMENTAL
Kind From (ft.) To (ft.)	SAMITATION
<u>Clay</u> 0 40	
Cement 7048	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	november 1957
Yield test:3 Hrs. at45 GPM.	The well is terminated inches
Depth from surface to water-level: 200 ft.	above, below [] the permanent ground surface.
Water-level when pumping:ft.	Was the well disinfected upon completion?
Water sample was sent to the state laboratory at:	YesX No
Madison on June 30 1958	Was the well sealed watertight upon completion? Yes_X No
City	Yes_Z\No
Signature X worth Corps in	R. 3 Box 36 Boscolol It
Signature Kunnth Carpanage Registered Well Driver Registered Well Driver Please do not write in space below Complete Mail Address	
Rec'd 1958 No. 19499	10 ml 10 ml 10 ml 10 ml
Ans'd	Gas-24 hrs
_ 	48 hrs
	Confirm
	B. Coli

3660

Examiner.