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

1. County Crawford	Town Provice	lu C	men	
2. Location Let 4 section 8 township not 7 month, Range La Lands Name of street and number of premise or Section, Town and Range numbers				
3. Owner of or Agent   James P.  Name of individual,  4. Mail Address Prairie clus Complete add	partnership or firm  Poss required	DEC	1953	
5. From well to nearest: Building 4 ft; sewer ft; drain ft; septic tank ft;				
dry well or filter bedft; abandoned wellft.				
6. Well is intended to supply water for: Home				
7. DRILLHOLE:  Dia. (in.)   From (ft.)   To (ft.)    Dia. (in.)   From (ft.)   To (ft.)	10. FORMATIONS:  Kind	From (ft.)	To (ft.)	
8 0 44 5" 233 450	Clare	0	33	
6 44 223	Brown line	23	85	
8. CASING AND LINER PIPE OR CURBING:	Blue lime	85	168	
Dia. (in.) Kind and Weight From (ft.) To (ft.)	Sandstone	168	208	
6 standard pipe 0 44'4"	Limestone	108	310	
	Hint + Delimite	3/0	450	
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9. GROUT:  Kind   From (ft.)   To (ft.)				
Cements 0 44	<del></del>	<u> </u>		
Construction of the well was completed on:				
11. MISCELLANEOUS DATA:	Mov. 30 1953			
Yield test:# Hrs. at GPM.				
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Depth from surface to water-level:3.75 ft. Was the well disinfected upon completion?				
Water-level when pumping:375ft. Was the well disinfected upon completion?  Yes No				
Water sample was sent to the state laboratory at: Was the well sealed watertight upon completion?				
Madison on19	Yes No			
Signature Tarmerslung Well Contractors Tarmerslung Journ Registered Well Griller Please do not write in space below  Complete Mail Address				
Rec'd No	10 ml 10 ml 10 m	ml 10 ml	10 ml	
Ans'd	Gas—24 hrs		- ****	
Interpretation	48 hrs	<del></del>		
·**	Confirm		<del></del>	
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