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

1 Comments Compared Comments	Town Delle fort Paince Do the
1. County SAWTONG	City Check one and give name
2. Location Name of street and number of premise or Section, Town and Range numbers	
3. Owner [7] or Agent [] - Jowy Mezzerz	
Taine of individual, partnership or firm	
4. Mail Address Muru Du Meles required	
5. From well to nearest: Building 20 ft; sewerft; drainft; septic tankft;ft;ft	
dry well or filter bedft; abandoned wellft	
6. Well is intended to supply water for:	
7. DRILLHOLE:	10. FORMATIONS:
Dis. (in.) From (ft.) To (ft.) Dis. (in.) From (ft.) To (ft.)	Kind (it.)
10 0 45 6 45 525	Surface + Clay 0 11
	Platterellectione 11 185
8. CASING AND LINER PIPE OR CURBING:	States Land 185 235
Dia. (in.) Kind and Weight From (ft.) To (ft.)	maggie line 253 525
6 Ble line 0 45	RECEIVED
	JUN 22 1981
9. GROUT:	
Kind From (ft.) To (ft.)	SANITARY
Cement 8 45	ENGINEERING
	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	May 15 196
Yield test: Hrs. at CFM.	The well is terminated inches
, , , , , , , , , , , , , , , , , , ,	above, below [] the permanent ground surface.
Depth from surface to water-level:ft.	Was the well disinfected upon completion?
Water-level when pumping:ft.	YesNo
Water sample was sent to the state laboratory at:	
Median on June 14 196/	Was the well sealed watertight upon completion?
City	Yes No
11. 6.4. 1202	40 MA 11/2
Signature Registered Well Driller	Complete Mail Address
Please do not write in space ceres	
Rec'dUN 151961 No	10 ml 10 ml 10 ml 10 ml
Ans'd	Gas-24 hrs
Interpretation	48 hrs
SAFE-BACTERIOLOGICALLY	Confirm
CC: Jon Megera	B. Coli
	Examiner
	[ C1X4111111111

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