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

1. County Crawford		(Town Village 1 - rotman)	
Swy, State 320	Lart Da	City Check one and give nam	e T8N
Name of street and number of premise or Section, Town and Range numbers			
3. Owner for Agent			
4. Mail Address	Complete add	ress required	-
5. From well to nearest: Building Z	5ft; sewer	ft; drainft; septic tank_15_4	2 ft;
dry well or filter bed 200 ft; ab			
6. Well is intended to supply water for:			
7. DRILLHOLE: 10. FORMATIONS:			
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)		Kind From (it.)	To (ft.)
10" 0 461		top soil 0'	81
		Broken rook 8	1 20
8. CASING AND LINER PIPE OR CURBING: Hand lime stone 20 461			
Dia. (in.) Kind and Weight From	(ft.) To (ft.)		
6" Steel 19.45 0	46pt.	RECEIVED	
		NOV 1 1960	
9. GROUT:		- September - 1	
Kind From (ft.) To (ft.)		SANITARY	
Cennment 0	1 461	- ENGINEEN C	
		Construction of the well was completed on:	
11. MISCELLANEOUS DATA:		Oct 24th	
Yield test: Hrs. at GPM.		The well is terminated inches	
Depth from surface to water-level: ft.		above, below the permanent ground surface.	
		Was the well disinfected upon completion?	
Water-level when pumping: ft.		YesNo	
Water sample was sent to the state laboratory at:		Was the well sealed watertight upon completion?	
Madrion on Oct 31 1960		Yes No	
Signature DALAME LUCK Registered Well Driller	Please do not wri	Larminsturg Dor Complete Mail Address to in space betow	<u>va</u>
Rec'd No No		10 ml 10 ml 10 ml 10	0 ml 10 ml
Ans'd		Gas—24 hrs	
Interpretation		48 hrs	
		Confirm	
· 		B. Coli	
		Examiner	