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

1. County Crawford	Village Marietta Lux.
2. Location 5 miles N. W. oz	(City Check one and proposition of the Check one and the Check one
Name of street and number of premise or Section, Town and Range numbers	
3. Owner \square or Agent \square \square \square \square Name of individual.	partnership or firm SFP 2 4 10 FC
4. Mail Address Boscobel 1 72	partnership or firm SEF 2 4.1956 Tess required FINAL:
Complete add	PANITATION
5. From well to nearest: Building 20ft; sewer_0_ft; drain_0_ft; septic tank_0_ft;	
dry well or filter bedQ_ft; abandoned well	O .ft.
6. Well is intended to supply water for: Responded Lehronel	
7. DRILLHOLE:	10. FORMATIONS:
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.)
10 0 40 6 40 370	blackdirt 0 5
	<u>clay</u> 5 /5
8. CASING AND LINER PIPE OR CURBING:	broken limes 15 30
Dia. (in.) Kind and Weight From (ft.) To (ft.)	blue stone, 30 120
6 standardswet 0 40	sandstone 120240
·	limestano, 240 300
	sandstone
9. GROUT:	water bearing 300 370
Kind From (ft.) To (ft.)	
lay slurry 0 30	
Cement 30 40	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	aug. 13 1956
Yield test:	The well is terminated inches
į.	above, below the permanent ground surface.
Depth from surface to water-level: 300 ft.	Was the well disinfected upon completion?
Water-level when pumping:3/_5ft.	YesX No
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?
madison on Sept. 171956	*
	YesX No
Simotum Xemall Comson	Boscolel, Wis. R.3 Box 3 te in space below
Registered Well Driller Please do not wri	Complete Mail Address
Str 101930 34096	
Rec'd No	; -
Ans'd	Gas-24 hrs
InterpretationCAFE	48 hrs
	Confirm
···	B. Coli
	Examiner
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