	WELL	CONSTRUC	TOF		ORT TO V			ATE BOARD OF:	HEALTH		
1. CountyCrawford						Town Village	<b></b>	Eastman Check one and g	1	52/40+	
2. Location Eastman Wis.						c GT8N	$5\omega$	)	ាស្ស≈	EALL	
Name of street and number of premis						e or Section.	Town ?	ind Range numbers	BAR	ENG.	
3. Ow	ner ┺ or	Agent 🗀 🝱	10	yd Kraj Name	ner of individua	l, partnership	or firm	. <b></b>	<b></b>		
4. Mail AddressEastman, Wisconsin											
					Complete ad	dress require	ed				
5. From well to nearest: Building_32_ft; sewer_noneft; drain 85ft; septic tanknone_ft;											
dry well or filter bednone ft; abandoned well noneft.											
6. Wel	l is inten	ded to suppl	y w	ater for:	Farm	and H m	e				
7. DRILLHOLE:   10. FORMATIONS:											
Dia. (in.)	From (ft.)		(in.)	From (ft.)	Ťo (ft.)	<b></b>		Kind	From (ft.)	(ft.)	
10	<u> </u>	26	6 <del>2</del>	<del>31</del> 0	<b>4</b> 08	Di	rt		0	5	
	26	310		<u> </u>		Gale	na I	imestone	5	<u>40</u>	
8. CASING AND LINER PIPE OR CURBING:						Plat	tevi	lle -ime	<b>4</b> 0	90	
Dia. (in.)		Kind		From (ft.)		Trenton Lime		Lime	90	118	
6	Standard Wgt. Steel Pipe			0	<u> 26</u>	St. Peters Sami			118	164	
<del></del>	DUCCT TIPO		<u> </u>			Praire du Chien Lime		164	<b>4</b> 08		
						<u> </u>		··-	-		
9. GROUT:  Kind   From (ft.)   To (ft.)						<u> </u>		<del></del>		<del></del>	
				0	10_	ļ ·		<del></del>			
Concrete 0 Neat Cement 10					26	Construction of the well was completed on:					
11. MISCELLANEOUS DATA:						October 13 19 50					
Yield test: Hrs. at GPM.						The well is terminated6 inches					
Depth from surface to water-level:355ft.						<b>★</b> above, below □ the permanent ground surface.					
						Was the well disinfected upon completion?					
Water-level when pumping:357 ft.						YesX No					
Water sample was sent to the state laboratory at:						Was the well sealed watertight upon completion?					
Madison on 19						Yes					
	- 1				<u></u>						
~- <del>~</del>							950 Siemers St. Platteville, Wis.				
	Re	gistered Well	Dril	ler	use do not wr	ite in spaçe l	elow	Complete Mail Addı	ress		
Rec'd				No				10 ml 10 ml 10 m	l 10 ml	10 ml	
Ans'd						Gas—24 hrs					
						48 hrs					
						Confirm					
·						B. Coli					
					Examiner						
						ı				<del></del>	