

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

1. County Crawford Town Village Eastman Wis City Check one and give name

2. Location Sec. 6 Range 5W, Block 8 T8N
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent James Fisher
Name of individual, partnership or firm

4. Mail Address Eastman Wisconsin
Complete address required

5. From well to nearest: Building 52 ft; sewer none ft; drain _____ ft; septic tank 50 ft;
dry well or filter bed 160 ft; abandoned well 10 ft.

6. Well is intended to supply water for: Farm and home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	41	6	41	420

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Black Pipe	0	41

9. GROUT:

Kind	From (ft.)	To (ft.)
Neat Cement	7	41

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 10 GPM.

Depth from surface to water-level: 380 ft.

Water-level when pumping: 390 ft.

Water sample was sent to the state laboratory at:

_____ on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Surface and Clay	0	5
Clay and Boulders	5	35
Platteville Limestone	35	110
Trenton Limestone	110	155
St. Peter Sand	155	195
Prairie Du Chien L.	195	410

RECEIVED

MAR 12 1959

Construction of the well was completed on: Feb 24 1959
ENVIRONMENTAL SANITATION

The well is terminated 10 inches above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

Was the well sealed watertight upon completion?

Yes No _____

Signature Tony Beets Registered Well Driller Box 513 Cuba City Wis Complete Mail Address

Please do not write in space below

Rec'd MAR - 5 1959 No. 4855

Ans'd _____ **SAFE**

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 6

Examiner _____