WELL CONSTRUCTOR'S REPORT TO A	WISCONSIN STATE BOARD OF HEALTH
1. County Crawford	Town 6000
NE NW. 0	City Dy- Check one and give name
2. Location Name of street and number of premi	or Section, Town and Range numbers
8. Owner [] or Agent []	Boland
4. Mail Address R. 7. D. Service	II, partmeratty or the
well is drilled, in "	I for new School
b. From well to nearest: Buildingft_sewer_	of ft; drain_Qft; septic tank_Qft;
dry well or filter bed_Q_ft; abandoned well_	Qft.
6. Well is intended to supply water for:	hool
7. DRILLHOLE: Dis. (in.) From (ft.) To (ft.) Dis. (in.) From (ft.) To (ft.)	10. FORMATIONS:
10 0 124 6 124 550	Red Class O 28
	Line 20 00
8. CASING AND LINER PIPE OR CURBING:	Clay + sand 80 115
Die. (in.) Kind and Weight From (ft.) To (ft.)	lisherrock 115 236
6 plandard 0 124	flue limestone 236 395
	Course dan 395 5093
9. GROUT:	Flue chalge 193 55
Kind From (ft.) To (ft.)	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cament 8 124	90029
11 MICCRI I ANDROVICE DATE	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	The well is terminated inches
Yield test: Hrs. at GPM.	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.	Yes_X No
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?
Madison Aug 8. 1960	Yes. No
a. AC	<u></u>
Signature Registered Well Driller	R3 Boy 36 Bose of Complete Mail Address
AUG 9 - 1960 3()1.63	
C n au - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	10 ml 10 ml 10 ml 10 ml
,	Gas34 hrs.
Interpretation SAFE SACTERIOLOGICALLY	48 hrs
7.12-60	Confirm'