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

						Town M			
	1. County Crawfund				{ Village ☐ City	Check one an	d give name		
	2. Loc	ation	Name of at	treet and numb	er of premise or	Sec. Tn. and R number	% - 5	ω)	
	S. Ow	ner 📆 or Agent 🖂	Fra	nk	Wall		·		
	U. 0111	Address R	Ελ	Name of	fidividual, part	nership or firm			
	4. Mai	il Address	<i>F. D</i>	Comp	lete address req	uired		-	
	5. Fro	m well to nearest: But	lding 5	ft; sewe	er_ <i>ho</i> n4t;	drain Moreft; sep	tic tank	lonner;	
	dry	well or filter bed. Ma	≥≜£ t; aba	ndoned well.	Margaret.				
	6. We	ll is intended to supply	water for:	st	rck				
		ILLHOLE: From (ft.)		o (ft.)	10. FORMA	ATIONS:		Thickness	
	6	top to	C	30		Kind	From (ft.) To	(ii.)	
	-M	700			loose	Rock and	0-40	40	
					ميركا	1 for 40ft	-	 	
					Down	d Hock	40-530	// P A	
	8. CA	SING AND LINER PU	PE OR CU		Damas	nce of Way		710	
	Dia.	Kind C	(ft.)	50 ft			· · · · · · · · · · · · · · · · · · ·		
		val Casing							
						· · · · · · · · · · · · · · · · · · ·		·	
							<u> </u>		
	9. GI	9. GROUT:					-		
		Kind	From (ft.)	(ft.)			<u> </u>		
			·				_		
				· · · · · · · · · · · · · · · · · · ·			_		
	11. MI	1. MISCELLANEOUS DATA:							
	Yield test:GPM.				Construction of the well was completed onO				
	Depth	Depth from surface to water: 500 ft.				terminated6	,	19LI	
	Water-level when pumping: 500 ft.				above, below [] the permanent ground surface.				
	Water	Water sample sent to laboratory at				Was the well disinfected upon completion? Yes. No			
	on19				Was the well scaled watertight upon completion?				
		>IA-CA		Yes_9/4_ Ng					
	Signat	Signature Dugnon 11				Complete Mail Address			
CR		Registered Well	*		din	Sinca Wia			
D00			<u></u>			Y LOUIS DE LA SERVICIO DEL SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO DEL SERVICIO DE LA SERVICIO DE LA SERVICIO DE LA SERVICIO DEL	724		