

WELL CONSTRUCTOR'S REPORT

DEPARTMENT OF RESOURCE DEVELOPMENT

1. COUNTY Crawford CHECK ONE Town Village City NAME Eastman

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
NW 1/4 part of Sec. 8 T8N R5W

3. OWNER AT TIME OF DRILLING Mr. L. A. Newman

4. OWNER'S COMPLETE MAIL ADDRESS RFD Stephen, Wis. 54657

5. Distance in feet from well to nearest:

BUILDING C. I.	SANITARY SEWER C. I.	FLOOR DRAIN TILE	FOUNDATION DRAIN SEWER CONNECTED	FOUNDATION DRAIN INDEPENDENT	WASTE WATER DRAIN C. I.	WASTE WATER DRAIN TILE			
CLEAR WATER DRAIN C. I.		SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILLO	ABANDONED WELL	SINK HOLE
			100'			150'		125'	

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: None

7. DRILLHOLE						10. FORMATIONS		
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)
10	Surface	42	6	42	60	Clay	Surface	22
						limestone	22	60

8. CASING, LINER, CURBING, AND SCREEN			
Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	new black steel plain end 19.18	Surface	42

9. GROUT OR OTHER SEALING MATERIAL		
Kind	From (ft.)	To (ft.)
Clay	Surface	22
Cement	22	42

11. MISCELLANEOUS DATA

Yield test: 4 Hrs. at 15 GPM Well is terminated 8 inches above below final grade

Depth from surface to normal water level 40 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 42 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison, Wis. laboratory on: 10-23- 1968

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Benneth Copman Registered Well Driller COMPLETE MAIL ADDRESS 53805 R3 Box 84 Boocobel, Wis.

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
589				