WELL CO	NSTRUCTOR	'S REPORT	•	WISCONSIN STATE BOARD OF HEALTH								Wel 6	
1. COUNTY Crawford Check ONE Town   Village   C								man	ietta	<u> </u>			
2. LOCATIO	N (Number an	ad Atreet or 1	section, se	ction, township	and range. A		•			<del></del>	ilable.)		
3. OWNER AT TIME OF DRIMING													
4. OWNER	S COMOI ETTE	MAIL ADD	00	hn	(0°E	nw	<u>ell</u>						
4. OWNER.	S COMPLETE	MAIL ADD		72	Sto	uh	enl						
	e in feet fro		į	BUILDING SA	NITARY SEV C. I.   TH	VER FLOOF E C. I.			NDATION DRA			TER DRAIN	
(Record a	nswer in appro	opriate block)		15 a	15							]	
CLEAR WAT	TER DRAIN	SEPTIC TAN		SEEPAGE PIT	ABSORPI	ION FIRLD	i _	SILO	ABANDONED	WELL SI	NK HOLE		
		60	0	70		0	0			)	0	_	
OTHER POI	LUTION SQU	RCES (Give	description	such as dump,	quarry, drai	nage well,	stream, pond	i, lake, etc	.)				
6. Well is intended to supply water for: Zriler Hame													
7. DRILLHOLE 10. FORMATIONS													
Dia, (în.)	From (ft.)	To (ft.)	Die. (in.)	From (ft.)	To (ft.)		I	nd _		·	From (ft.)	To (ft.)	
_10	Surface <b>O</b>	45	6	4.5	100		L C	lan	,		Surface	18	
_				i		10	mo.	, 0,	- B	,	18	75	
8. CASING, LINER, CURBING, AND SCREEN							1		-		75	100	
Dia. (in.)	K A	and weigh	<u>"</u>	From (ft.)	To (ft.)	Pape	ng	alo	220		15	100	
6.	plais	ven	I_	Surface	<b>5</b> 5	_/_	<b>.</b>						
	Stone	Lind	19.18	·			_						
,			•										
<u> </u>	-										<u> </u>	·	
						-			<del></del>				
9. GROUT	OR OTHER Kir	_	MATERIA	AL From (ft.)	To (ft.)			•					
00-1-				Surface	18			·					
<u> </u>	0	7	18	55			<u>-</u>		<u> </u>		10		
11. MISCELLANEOUS DATA							Well construction completed on May 27 1967						
Yield test: 3 Hrs. at 18 GPM							terminal	ted	<i>10</i> incl	hes 🗗	above below fi	nal grade	
Depth from surface to normal water level 60 ft.							Well disinfected upon completion Y Yes 🗆 No						
Depth to water level when pumping 70 ft.							Well sealed watertight upon completion Yes 🗆 No						
	ple sent to			ا مد	<del></del>			labo	ratory on: 4	6-2	2	1967	
Your opin	ion concerr	ning other	pollution casing jo	hazards, in ints, methodould be give	d of finis	hing the	well, am	culties e	ncountered,	and dat	a relating		
	•	•	-					ADDRESS	<del> </del>	<b>14</b> -2 -	<u> </u>	<del></del>	
Remeth John Registered Well Driller							R3 Box 36 Box of Wise.						
	TEST RESULT		<u>.'.</u>	Piease GAS — 24 HRS	do not v	write in :	space bel	ow   CONFIRM					
605	iedi gesulii	•	]	an — m mo	` <b> </b> "	w — •0 III	<b>.</b>	COLLEGE	· LILL	REMARK	ng.		
			]		-								