WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH See Instructions on Reverse Side CR-7-6 (Town Village Enstman Fisces 1. County \_\_\_Crawford\_\_\_\_\_ Check one and City 2. Location Bestman, Piers Add., Lot 12 S. W. 2 Sec. 18 T 8 N. R 5 W. Name of street and number of premise or Section, Town and Range numbers 3. Owner or Agent Name of individual, partnership or firm 4. Mail Address \_\_\_\_\_\_\_Complete address required 5. From well to nearest: Building\_\_\_\_ft; sewer\_\_\_\_ft; drain\_\_\_ft; septic tank\_\_\_\_ft;\_\_\_\_ft dry well or filter bed\_\_\_\_\_ft; abandoned well\_\_\_\_\_ft. 6. Well is intended to supply water for: \_\_\_\_\_\_Village\_\_\_\_\_ 7. DRILLHOLE: 10. FORMATIONS: To (ft.) From Dia. (in.) | From (ft.) | To (ft.) | Dia. (in.) | From (ft.) | To (ft.) Kind (ft.) 12" 18\* 30 1 102' 9381 Drift .5O\* 171 301 102' Limestone 50 t 178' 8. CASING AND LINER PIPE OR CURBING: Sandstone 1781 255 Kind From (ft.) To (ft.) Dia. (in.) Limestone 255 \* 6931 30 t 18" Steel 01 Shale 693 ' 775 \* 102 12\* G.W.I. O t Sandstone 7751 940' 9. GROUT: From (ft.) Kind To (ft.) 01 1021 Neat cement Construction of the well was completed on: \_\_\_\_\_19.51\_\_\_\_\_\_19.51\_\_ 11. MISCELLANEOUS DATA: The well is terminated \_\_\_\_\_ 24" \_\_\_\_ inches Yield test: \_\_\_\_24\_\_\_ Hrs. at \_\_\_165\_\_\_ GPM. above, below [] the permanent ground surface. Depth from surface to water-level: \_\_\_402\_\_\_ 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 on May 20, 1951 Yes\_\_\_ No\_\_\_\_ Dubuque, Iowa Box 237 Signature Registered Well Driller Complete Mail Address Please do not write in space below  $10 \, \mathrm{ml}$ 10 ml 10 ml  $10 \, \mathrm{ml}$ 10 mlRec'd\_\_\_\_\_ No.\_\_\_ No.\_\_\_ Ans'd ..... Interpretation \_\_\_\_\_\_ B. Coli \_\_\_\_\_ Examiner\_\_\_\_\_

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