1. County <u>Nawford</u>
2. Location <u>Man Strue</u> 3. Owner or Agent 🔲 \_\_\_\_\_ Name of individual, partnership or firm 4. Mail Address \_\_\_\_ Complete address required 5. From well to nearest: Building \_\_ \_ ft; sewer \_ LQ \_ ft; drain \_ Lq \_ ft; septic tank \_ \_ ft; dry well or filter bed O.Q. ft; abandoned well News.ft. 6. Well is intended to supply water for: \_\_\_\_ 10. FORMATIONS: 7. DRILLHOLE: From (ft.) Dia. (in.) From 8. CASING AND LINER PIPE OR CURBING: Kind 9. GROUT: From (ft.) To (fL) 11. MISCELLANEOUS DATA: Construction of the well was completed on Yield test: ..... Hrs. at \_\_\_\_GPM. Depth from surface to water: The well is terminated \_\_\_\_\_ ☐ above, below ★ the permanent ground surface. Water-level when pumping: \_\_\_\_\_ ft. Was the well disinfected upon completion? Water sample sent to laboratory at Yes\_\_\_\_No\_Yo-Was the well sealed watertight upon completion? Signature Registered West Driller

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side