WELL CONSTRUCTOR'S REPORT TO W See Instructions	VISCONSIN STATE BOARD OF on Reverse Side	HEALTH
		WE WE
1. County Crawford	Town ✓ Check one and	We name 1954
2. Location	Sec 19, 84,50)	
	se or Section, Town and Range numbers	MICH
	,	
4. Mail Address Karrie Du Chien	dress required	
5. From well to nearest: Buildingft; sewer	ft; drain ft; septic tar	k hoveft; Lune
dry well or filter bed 25. ft; abandoned well_	Louest.	+
6. Well is intended to supply water for:	ne	
	10. FORMATIONS:	
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind	From To (ft.)
10 0 9/ 6 4/ 95	_ Luface	0 1
	Sand Stone Boulders	1 20
8. CASING AND LINER PIPE OR CURBING:	Mairie Da Chim	20 95-
Dia. (in.) Kind and Weight From (ft.) To (ft.)	dine,	
6 Std. Wat. Blk. Stal Pic 0 41		
9. GROUT:	<del></del>	
Kind From (ft.) To (ft.)		
West Cernet 40 4/		_
Coment 0 40	Construction of the well was co	mpleted on:
11. MISCELLANEOUS DATA:	- Jug Z	1927
Yield test: Hrs. at GPM.	The well is terminated&	inches
	🗷 above, below 🗌 the permane	
Depth from surface to water-level:ft.	Was the well disinfected upon	completion?
Water-level when pumping:ft. Yes No		, –
Water sample was sent to the state laboratory at:		
nut Installed 19	Was the well sealed watertight	
City	Yes_Z	No
Signature Jony Beets	Box 503 Cal	Eta Wo
Registered Well Driller	Complete Mail Add	
Tiease do not wi	10 ml 10 ml 10 m	ml 10 ml 10 ml
Rec'd No		
Ans'd	Gas-24 hrs	
Interpretation	48 hrs	
	Confirm	
	B. Coli	
	į –	
	Examiner_	·····