

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

1. County Crawford Town Village City Eastman
Check one and give name

2. Location 6 miles E. of Eastman Sec 21, 8N15W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Ray Sprosty
Name of individual, partnership or firm

4. Mail Address Steuben, Wis. P. O. Box 36
Complete address required

RECEIVED
FEB 5 1957

5. From well to nearest: Building 20 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 0 ft.

6. Well is intended to supply water for: farm and home ENVIRONMENTAL SANITATION

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	445

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement & Clay slurry	0	40

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 20 GPM.
Depth from surface to water-level: 350 ft.
Water-level when pumping: 355 ft.
Water sample was sent to the state laboratory at:
Madison on Jan 28 1957
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
clay & sandstone	0	15
limestone	15	65
blue rock	65	125
sandstone	125	200
limestone	200	280
sandstone	280	350
sandstone	350	445
water bearing		

Construction of the well was completed on:
Dec. 31 1956

The well is terminated 6 inches above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No

Was the well sealed watertight upon completion?
Yes No

Signature Kenneth Coyrian R. 3 Box 36 Boocobal, Wis.
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd JAN 29 1957 No. 2326

Ans'd _____
Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs. _____
48 hrs. _____
Confirm _____
B. Coll 0
Examiner _____

619