

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

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

2. Location Section 23 R8N85W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Joe Pommeroy
Name of individual, partnership or firm

4. Mail Address Steuben Wisconsin
Complete address required

5. From well to nearest: Building 40 ft; sewer 0 ft; drain 0 ft; septic tank 70 ft;
dry well or filter bed 80 ft; abandoned well 0 ft.

6. Well is intended to supply water for: farm + home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	360

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.)
Clay	0	25
Cement	25	40

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 8 GPM.
Depth from surface to water-level: 300 ft.
Water-level when pumping: 300 ft.
Water sample was sent to the state laboratory at:
Madison on Nov. 16 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
This is an old well that I have resealed, therefore I do not know the formation.		
RECEIVED NOV 24 1959 ENVIRONMENTAL SANITATION		

Construction of the well was completed on:
Sept. 23 1959

The well is terminated 10 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 Henneth Coppiars
Registered Well Driller

R 3 Box 36, Boscobel, Wis.
Complete Mail Address

Please do not write in space below

Rec'd NOV 18 1959 No. 40542

Ans'd _____
Interpretation SAFE

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

Examiner _____

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