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

	0.0	()	Town □ astma		
1. County	C. Massifore	X	Willage Check one an	d give nam	
2. Location	Lec. 3	100 of 6.0	saman la a	REC	EINE
		Name of street and num	ber of premise or Sec. Tn. and R. number	NOV	7. 4
] or Agent 🔲 🍱 -	verell 1	Individual, partnership or firm	/ /	A ± 1949
	·	IND.	RFD		REAL
4. Mail Add	dress East	Com	plete address required		ENG.
5. From we	ell to nearest: Build	ing 200 ft; sew	erft; drainft; sep	tic tank_	ft;
	or filter bed		· 		
•		V -1	4 1/ 11	1/12	
	ntended to supply wa	ater for: Alla	5		
7. DRILLH Dia. (in.)	OLE: From (ft.)	To (ft.)	10. FORMATIONS:	1	"
8	0	30	Kind	From (ft.)	(ft.)
6	30	238	Broken Time	0	10
4	238	436	Blue June	10	112
31	436	439	Hard Bluff	112	208
Q CARING	AND LINER PIPE	OR CURRING.	Set Ila	208	236
Dia. (in.)	Kind .	From To (ft.)	White Time &	236	302-
3" 20	he Stool	0 438	R. Line &	302	361
	zsina		white Lime &	361	415
	20Mg		Land of lone	415	436
			Selt dans	436	438
			who teen a	438	439
9. GROUT	Kind _	From To (ft.)	The same of the sa	1	
70		0 438		·	
	1100			-	
- Fux	Wed.			- 	
				-	`
				-	-
	LANEOUS DATA: Hrs. at	,	Construction of the well was a	ompleted	on "
			Construction of the well was co	ompioeca .	1927
Depth from	surface to water:	42_ft.	The well is terminated	<u> </u>	inches
Water-level	when pumping:	423 st.	above, below the perman	ent groun	d surface.
	le sent to laboratory		Was the well disinfected upon		
Header county				No	
	on	19	Was the well sealed watertigh	1 .	mpletion ?
	10	8 V DL	Xes	N(0
Signature	Registered Well Dri	Janus	Complete Mail	ddrage	
I se	Welkisteren wen Du	Of not			& own
الهمامية ميس	LEADER TO LA	I MARION LARGE STORY	Jameson		
4					