

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

1. County Crawford Town
Village
City Eastman Check on reverse side

2. Location T 8 N R 7 W Sec 7 (R6W)
 Name of street and number of premise or Section, Town and Range numbers



3. Owner or Agent M. V. Summers
 Name of individual, partnership or firm

**ENVIRONMENTAL
 SANITATION**

4. Mail Address 317 N. State St. Chicago, Ill.
 Complete address required

5. From well to nearest: Building 50 ft; sewer _____ ft; drain _____ ft; septic tank 80 ft;
 dry well or filter bed 110 ft; abandoned well _____ ft.

6. Well is intended to supply water for: House

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20	6	20	85

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel	0	66

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay slurry	0	20

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 20 GPM.
 Depth from surface to water-level: 52 ft.
 Water-level when pumping: 52 ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sand	0	5
Sand & gravel	5	60
Yellow clay	60	65
Lime Stone	65	85

Construction of the well was completed on:

6/6 1953

The well is terminated 12 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 Hobman & Richards
 Registered Well Driller

Lincoln Wis
 Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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

629