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

	(Town 🗵
1. County A Maw Jorg	City Check one and give name
2. Location NE 4 of Swame of street and	d number of premise or Sec. Tn. and R. Anoper C. S. D.
3. Owner ⋈ or Agent ☐ ☐ ☐ ☐ ☐	Jame of individual, partnership or firm
4. Mail Addressastman	Complete address required
5. From well to nearest: Building 25 ft; sewerft; drainft; septic tankft;	
dry well or filter bedft; abandoned wellft.	
6. Well is intended to supply water for:	m 7-77-0m
7. DRILLHOLE: Dia. (in.) From (ft.) To (ft.)	10. FORMATIONS:
7 95	Kind From To (ft.)
	Sand & Dravel 0 18
	- Blue Rocks 18 95
8. CASING AND LINER PIPE OR CURBING	<b>}:</b>
6 (Pipe 1) 8	<b>2</b>
9. GROUT:    From   To   (ft.)   (ft.)	) ————————————————————————————————————
None	
11. MISCELLANEOUS DATA: Yield test: Hrs. at GI	PM. Construction of the well was completed on
Depth from surface to water:	The mall is the mineted of inches
Water-level when pumping:	ft. Sabove, below The permanent ground surface.
Water sample sent to laboratory at	Was the well disinfected upon completion i
Madison Aune 1 10.	57 Was the well cooled wetertight upon completion?
	You You No
	11/2 11 / 001/10/10/10
Signature Registered Well Driller	Complete Mail Address
Signature Farmers burg Well Contractors  Registered Well Driller  Tarmers burg Down	
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