

# WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford <sup>T&N</sup> Town  Eastman, Wis.  
Village   
City  Check one and give name
2. Location Sec. 19-Town Bolet 8-Range 6 W  
Name of street and number of premise or Section, Town and Range numbers
3. Owner  or Agent  Ernest Michel  
Name of individual, partnership or firm
4. Mail Address Eastman, Wis.  
Complete address required
5. From well to nearest: Building 80 ft; sewer none ft; drain none ft; septic tank none ft;  
 dry well or filter bed none ft; abandoned well none ft.
6. Well is intended to supply water for: Farm

RECEIVED  
 NOV 25 1958  
 ENVIRONMENTAL  
 SANITATION

### 7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	64			
6	64	397			

### 8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	steel	0	64

### 9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	64

### 11. MISCELLANEOUS DATA:

Yield test: 5 1/2 Hrs. at 5 GPM.  
 Depth from surface to water-level: 317 ft.  
 Water-level when pumping: 317 ft.  
 Water sample was sent to the state laboratory at:  
Madison on Nov 24 1958  
City

### 10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	8
Soft limestone	8	18
Hard limestone	18	30
Soft limestone	30	40
Gray limestone	40	120
Limestone	120	180
Blue limestone	180	250
sandstone	250	375
shale	375	397

Construction of the well was completed on:

Nov. 14 1958

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 Duane Lubbers  
Registered Well Driller

Farmersburg, Ia.  
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 \_\_\_\_\_