WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH  See Instructions on Reverse Side	
1. County Transfer No. 8. Rangelio: Name of street and number of premis	Town & Prairie an Chum
2. Location Journality No. 8 Bangello:	City Check one and give name  Check one and give name  Check one and give name
3. Owner or Agent       Owner and	Tustar
4. Mail Address Prairie Dru Chile.	- Wis firess required
	ft; drainft; septic tank/50ft;
dry well or filter bedft; abandoned well	
6. Well is intended to supply water for: 260-221	
7. DRILLHOLE:  Dia. (in.)   From (ft.)   To (ft.)   Dia. (in.)   From (ft.)   To (ft.)	10. FORMATIONS:  Kind  From To (ft.)  (ft.)
6 0 108	Kind (ft.) (ft.)
	Sand 4 30
8. CASING AND LINER PIPE OR CURBING:	0 0 1
Dia. (in.)   Kind and Weight   From (ft.)   To (ft.)	Sand stone Gordon 30 108
6 6"standard piper 0 98	RECEIVED
	FEB 2 5 1959
9. GROUT:	ENVRONMENTAL
Kind From (ft.) To (ft.)	SANTATION
	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	2-12 19.57
Yield test:6_ Hrs. at/2 GPM.	The well is terminated inches above, below the permanent ground surface.
Depth from surface to water-level:ft.	
Water-level when pumping:ft.	Was the well disinfected upon completion?  YesX No
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?
modison on 19	YesXNo
Signature Duane Lub Lus  Registered Well Driller  Please do not wr	Complete Mail Address
Rec'd No	10 ml 10 ml 10 ml 10 ml
Ans'd	Gas—24 hrs
	48 hrs
·	Confirm
	B. Coli

Examiner\_.

652