

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

1. County Crawford Town Village City Eastman RECEIVED
Check one and give name

2. Location Section 35 Township 8N Range 6W
Name of street and number of premise or Section, Town and Range numbers SEP 3 - 1963

3. Owner or Agent Herbert Schneider
Name of individual, partnership or firm

4. Mail Address Eastman, Wis.
Complete address required SANITARY ENGINEERING

5. From well to nearest: Building 20 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	95			
6	95	146			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	pipe 19.45	0	95

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	95

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 5 GPM.
Depth from surface to water-level: 80 ft.
Water-level when pumping: 136 ft.
Water sample was sent to the state laboratory at:
Madison on Aug 27, 1963
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Top soil	0	3
Clay	3	15
Broken Limestone	15	86
hard Limestone	86	120
shale	120	125
Grey limestone	125	146

Construction of the well was completed on:
Aug. 19 1963

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, Iowa
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 _____