WELL CONSTRUCTOR'S REPORT	WISCONSIN STATI	E BOARD OF HEALTH	# 7 Wel 6
1. COUNTY ()	CHECK ONE	NAME ()	77
crawford	Town   Village	_	Revenue
2. LOCATION (Number and Street or 1/2 section, as		o give subdivision name, lot and block numb	ers where available;
3. OWNER AT TIME OF DRILLING	0.	17 1	SEP 1 1966
	gnes To	bin	1.000
4. OWNER'S COMPLETE MAIL ADDRESS R 7D Blue River, Missing SANITARY ENGINEERING			
5. Distance in feet from well to nearest:		ER FLOOR DRAIN FOUNDATION D	RAIN WASTE WATER DRAIN
(Record answer in appropriate block)	15 70	, '	
CLEAR WATER DRAIN SEPTIC TANK PRIVY	SEEPAGE PIT ABSORPTIO		ED WELL SINK HOLE
80 0	100	200 200 100	)
OTHER POLLUTION SOURCES (Give description	such as dump, quarry, drain	age well, stream, pond, lake, etc.)	ne
6. Well is intended to supply water for: Farms home			
	Varmi.		· · · · · · · · · · · · · · · · · · ·
7. DRILLHOLE Dia. (in.) From (ft.) To (ft.) Dia. (in.)	From (ft.) To (ft.)	10. FORMATIONS Kind	From (ft.) To (ft.)
	/ سر ر	00	Surface 20
10 Surface 62 6	62 150	Cary	
		Soft shale	20 40
8. CASING, LINER, CURBING, AND SCRE	1	Red Clay	40'55'
Dia. (in.) Kind and Weight	From (ft.) To (ft.)	1 1 6	55 110
6" Standard wit	Surface 62		nes 33 110
		Sandstone	110 150
9. GROUT OR OTHER SEALING MATERI	AL.		
Kind	From (ft.) To (ft.)		
Clark	Surface 20		
cement	20 62'		7-5 -11
	000	Well construction completed on	7-3-3 1966
11. MISCELLANEOUS DATA Yield test:  Hrs	. at 15 GPM	Well is terminated /0	inches above final grade
Depth from surface to normal water level //0 ft.		Well disinfected upon completion	Yes 🗆 No
Depth to water level when pumping 1/5 ft.		Well sealed watertight upon com	
Water sample sent to Madison, Wisi		laboratory on	aug. 29 1966
Your opinion concerning other pollution wells, screens, seals, type of casing is surface pumprooms, access pits, etc., sl	n hazards, information pints, method of finish	ing the well, amount of cement (	d, and data relating to nearby used in grouting, blasting, sub-
SIGNATURE		COMPLETE MAIL ADDRESS	52805
Menneth Corpian Registered Well Driller R3 Boy 36 Boscobel, Wis.  Please do not write in space below			
Please do not write in space below  COLIFORM TEST RESULT  GAS 24 HRS.  GAS 48 HRS.  CONFIRMED  REMARKS			
COLIFORM TEST RESULT	GAS 24 HRS. GA	S-WILLS	
672			