WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH See Instructions on Reverse Side Village Check one and give name 2. Location street and number of premise or Sec. To. and R. number 8. Owner 🔂 or Agent 🔯 Name of individual, partnership or firm 4. Mail Address Complete address required \_\_ft; sewer\_20\_ft; drain MilMft; septic tank 20\_ft; 5. From well to nearest: Building 2 dry well or filter bed how ft; abandoned well filter ff 6. Well is intended to supply water for: 7. DRILLHOLE: From (ft.) To (ft.) From 8. CASING AND LINER PIPE OR CURBING: 9. GROUT: To (tt.) From (ft.) Kind 11. MISCELLANEOUS DATA: Construction of the well was completed on Hrs. at GPM. Yield test: \_\_\_\_\_ Depth from surface to water: The well is terminated \_ ☐ above, below **A** the permanent ground surface. Water-level when pumping: \_\_\_\_ Was the well disinfected upon completion? Water sample sent to laboratory at Yes\_\_\_\_No\_\_\_ Was the well sealed watertight upon completion? Signature Registered Well Driller Complete Mail Address