

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

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

2. Location 12 miles NW of Eastman SE 35 T9 R6W
 Name of street and number of premises or Section, Town and Range numbers

3. Owner or Agent Thomas Fisher
 Name of individual, partnership or firm

4. Mail Address Eastman, Wisconsin R.F.D.
 Complete address required

5. From well to nearest: Building 15 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
 dry well or filter bed 5 ft; abandoned well 30 ft.

6. Well is intended to supply water for: farm + home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	90	6	90	550

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard	0	90

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	80
Cement	80	90

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 5 GPM.

Depth from surface to water-level: 490 ft.

Water-level when pumping: 490 ft.

Water sample was sent to the state laboratory at:

Madison on June 23 1958
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
limestone	15	240
sandstone	240	380
limestone	380	410
sandstone	410	550

RECEIVED

JUL 2 1958

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:

May 28 1958

The well is terminated 6 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 Kenneth Coyne
 Registered Well Driller

R. 3 Box 36 Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd JUN 24 1958 No. 18307

Ans'd

Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____