	WISCONSIN STATE BOARD OF HEALTH
1. County Crawford	Town X Classton 6 1964 Village Deaston
2. Location Section 5 Name of street and number of premisers	City Check one and give name SATUTARY CON / O N ENGINEERING
3. Owner \square or Agent \square Name of individual	d, partnership of firm
4. Mail Address R 7 D Solde Complete ad	ers Grove, Wis.
5. From well to nearest: Building£ft; sewer_	Q_ft; drain_Q_ft; septic tank_Q_ft;
dry well or filter bed_Qft; abandoned well_	
6. Well is intended to supply water for: Z	
7. DRILLHOLE:	10. FORMATIONS:
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind (ft.) (ft.)
	ClayAblackdirt 0 15 looke sand 15 35 sandstone 35 60 hard shale stone 60 80
	looke sand 15 35
8. CASING AND LINER PIPE OR CURBING:	sandstone 35 60
Dia. (in.) . Kind and Weight From (ft.) To (ft.)	hard shale stone 60 80
6 Standardwet 0 56	
9. GROUT:	
9. GROUI: Kind From (ft.) To (ft.)	
none	
	Construction of the well was completed on:
	<u></u>
11. MISCELLANEOUS DATA:	June 8 1964
Yield test:Hrs. at/_2_ GPM.	The well is terminatedinches
	above, below the permanent ground surface.
Depth from surface to water-level:30 ft.	Was the well disinfected upon completion?
Water-level when pumping:ft.	Yes_X No
Water sample was sent to the state laboratory at:	
_	Was the well sealed watertight upon completion?
Madison on June 301964	YesX No
	<u> </u>
Signature Kinnith Whater	R3 Box 36 Box All Mist Complete Mail Address 538
Registered Well Driller Please do not w	rite in space below Complete Mail Address 538
Rec'd July 1- 1964 No2764	
Ans'd	Gas—24 hrs
Interpretation	48 hrs
AAAAAAAAAAAAAAAA	Confirm
SAFE-BACTERIOLOGICALLY	B. Coli
~-	Examiner
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