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

1. County CrawFord	Town Village Clauton
1. County Craw Ford Village City Check one and give name 2. Location Sec 35 R3A 10, k3w) Tion Name of street and number of premise or Section, Town and Range numbers	
3. Owner of Agent	
4. Mail Address Soldiers Browe Complete address required	
5. From well to nearest: Building 50 ft; sewerft; drainft; septic tankft;	
dry well or filter bedft; abandoned wellft.	
6. Well is intended to supply water for: \[\int \frac{1}{2} \int \frac{1}	
7. DRILLHOLE: Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	10. FORMATIONS:
10 0 45 01d Well Reamed	Kind (ft.) (ft.)
6 45 373	1 psoil 0 5
8. CASING AND LINER PIPE OR CURBING:	himestone 5 200
Dia. (in.) Kind and Weight From (ft.) To (ft.)	- 5/12/e 200 273
6 Std B/K 0 45-	RECEIVED
	<u> </u>
	SEP 3 D 1958
9. GROUT:	ENVIRONMENTAL SANITATION
Kind From (ft.) To (ft.)	
Cement 0 45	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	Avg. 18 1958
Yield test: Hrs. at GPM.	The well is terminated inches
Depth from surface to water-level: _203 ft.	above, below the permanent ground surface.
Water-level when pumping:215ft.	Was the well disinfected upon completion? Yes_X No
Water sample was sent to the state laboratory at:	
Madizott on 9-18 1958	Was the well sealed watertight upon completion? Yes No
Signature Low Oleman	Issing Deen !
Registered Well Driller Please do not wr	ite in space belevi
Rec'd No	10 ml 10 ml 10 ml 10 ml
Ans'd	Gas—24 hrs
Interpretation	
	Confirm
	B. Coli