

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

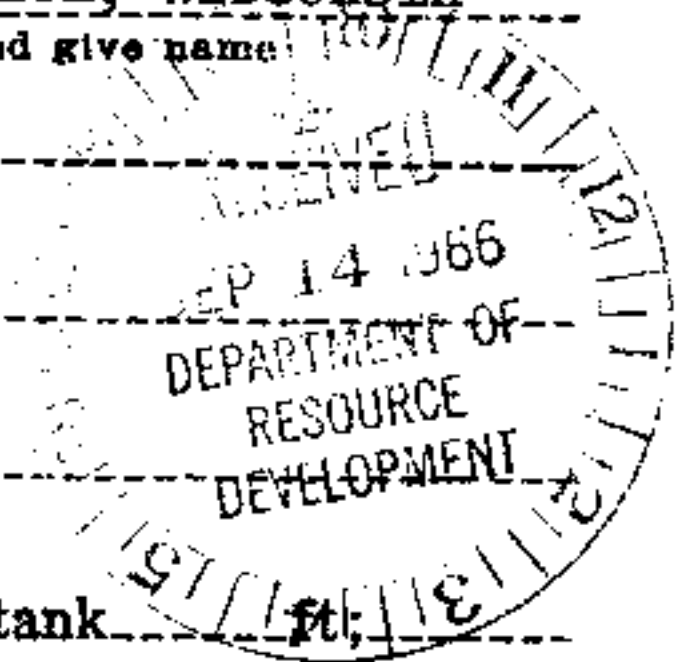
1. County Crawford Co. Town Prairie du Chien, Wisconsin
Village Check one and give name
City

2. Location 216 North Prairie
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent 3M Company
Name of individual, partnership or firm

4. Mail Address 216 North Prairie
Complete address required

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



6. Well is intended to supply water for: Abandoned Well Report

7. DRILLHOLE:

Dis. (in.)	From (ft.)	To (ft.)	Dis. (in.)	From (ft.)	To (ft.)

8. CASING AND LINER PIPE OR CURBING:

Dis. (in.)	Kind and Weight	From (ft.)	To (ft.)
2"	Steel Galv.	+2	67
2"	Galv. Point	67	70

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement Grout	0	50
Note: Gravel Fill	50	70

Note:

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Note: Well Point for observation for well field water levels. 2" pipe is capped when not in use.		

Construction of the well was completed on: _____ 19____

The well is terminated _____ inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes _____ No _____

Was the well sealed watertight upon completion?
 Yes _____ No _____

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
 Depth from surface to water-level: _____ ft.
 Water-level when pumping: _____ ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
City

WD 30 Signature Werner Well & Pump Co Werner Well & Pump Co PO Box 237 Dubuque Iowa
 PE 30 Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coll _____
 Examiner _____