

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

RECEIVED
DEC 9 1949
BUREAU
SAN. ENG.

1. County CRAWFORD (Town SNIP Village City WAUZEKA Check one and give)
2. Location SEE ATTACHED SLIP
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent ROSWELL GRAVES, OWNER - MRS. WILL GRAVES, AGENT
Name of individual, partnership or firm
4. Mail Address AGENT N. MICHIGAN ST. PRAIRIE DUCHIEN WISCONSIN
Complete address required
5. From well to nearest: Building 14 ft; sewer NONE ft; drain NONE ft; septic tank NONE ft;
dry well or filter bed NONE ft; abandoned well NONE ft.

6. Well is intended to supply water for: DAIRY FARM

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
9	0	26	5	280	420
6	26	280			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	STD BLACK PIPE	3' ABOVE PLATFORM	26

9. GROUT:

Kind	From (ft.)	To (ft.)
NEAT CEMENT	9	26

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:
Madison City on Dec 1 1949

10. FORMATIONS:

Kind	From (ft.)	To (ft.)

Construction of the well was completed on:
NOVEMBER 23 1949

The well is terminated 3 inches ABOVE PLATFORM
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No _____

Was the well sealed watertight upon completion?
 Yes No _____

Signature Elmer Gaulke
 Registered Well Driller

811 No Beaumont Rd
Prairie du Chien Wisconsin
 Complete Mail Address

Please do not write in space below

Rec'd DEC 3 1949 No. 20418

Ans'd _____
 Interpretation Unsafe

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	+	+	0	0	+
48 hrs.			+	+	
Confirm					
B. Coli	+	+	+	+	+

Examiner _____