

TO THE WISCONSIN STATE BOARD OF HEALTH,
 WELL DRILLING DIVISION, MADISON, WIS.

WELL LOG, PREMISES DIAGRAM, and REPORT

WRIGHTS FERRY SCHOOL For Official Record of the Board.

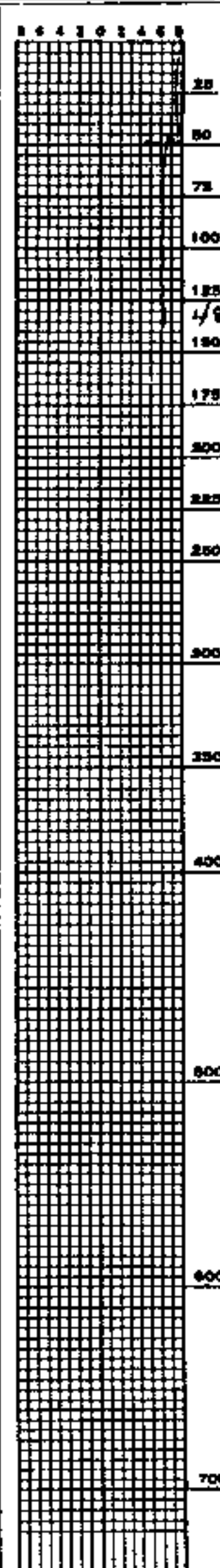
(TO BE USED FOR THAT PURPOSE ONLY)

Owner Right Ferry School house No 2 Driller William J. Abel
 (If a joint ownership give name of responsible official. Also name of each individual holding an interest. Use a separate sheet and attach hereto.)
 Address town of Bridgport Wis Address 217 N. Ohio St
 (City, village, township, county) Prairie du Chien Wis
 Date of Report aug 10 1928
 Registration No. 250

Give below the location of the property on which well is drilled.

If incorporated village or city: _____
 If unincorporated hamlet: _____
 If Lake Shore Plat: _____
 If Farm: _____
 If School Right Ferry School No 2 _____
 If other public building: _____
 Miscellaneous: _____

WELL LOG and REPORT

Screens, Seals Grouts, etc.	Well Diagram (Each vertical line equals 1')	Kind of Casing, liner, shoe, etc. (Each horizontal line equals 5')	Formations State if dry or water bearing	Record of FINAL Pumping Test
<u>3/4 steel casing used neat cement grout on top</u>		<u>28 ft clay</u> <u>10 ft broken Rock no water</u> <u>20 ft grey lime stone</u> <u>60 ft sand stone water at end of sand stone</u> <u>20 ft of blue lime</u>		Duration of test: _____ Hours <u>2 hrs</u> Pumping Rate: <u>g</u> G. P. M. <u>2</u> Depth of pump in well: _____ Ft. <u>145</u> Standing water-level (from surface): _____ Ft. <u>118</u> Water level when pumping: _____ Ft. <u>118</u> Water. End of test. Check: Clear <input checked="" type="checkbox"/> Cloudy _____ Turbid _____ Was well sterilized before test? Yes <input checked="" type="checkbox"/> No _____ Date <u>aug 10</u> To which Laboratory was sample sent? <u>Madison</u> Date <u>aug 10</u> Was the well sealed on completion? Yes <input checked="" type="checkbox"/> No _____ How high did you leave casing above grade? <u>8 inches</u> Well was completed _____ 19 <u>28</u> Well Driller: <u>W. M. Abel</u> Signature: _____ (Be sure to complete the report on the reverse side)

148 total dept

WGNHS ORIGINAL