

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Prairie du Chien
 Village City Check one and give name
2. Location Lot 4 of Cliffwood subdivision - Farm Lot 20
 Name of street and number of premise or Section, Town and Range numbers 7N 6W
3. Owner or Agent George Ancker
 Name of individual, partnership or firm
4. Mail Address Eastman, Wis.
 Complete address required
5. From well to nearest: Building 10 ft; sewer _____ ft; drain _____ ft; septic tank 65 ft;
 dry well or filter bed 80 ft; abandoned well _____ ft.
6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	145			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard pipe 19.45	0	121

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 10 GPM.
 Depth from surface to water-level: 20 ft.
 Water-level when pumping: 20 ft.
 Water sample was sent to the state laboratory at:
Madison on May 7 1962
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Drift	0	13
Sand	13	90
Course sand & gravel	90	117
Hard shale - sandy	117	145

RECEIVED

MAY 25 1962

Construction of the well was completed on:

April 30 1962

The well is terminated 10" inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

Was the well sealed watertight upon completion?

Yes No _____

Signature Duane Lubbers
 Registered Well Driller

Parkersburg, Iowa
 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. Coli _____
 Examiner _____