

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 East of farm Lot 23 and 24 of the private land claims at
Name of street and number of premise or Section, Town and Range numbers Prairie du Chien

3. Owner or Agent P.L. Herreid
Name of individual, partnership or firm

4. Mail Address Prairie du Chien
Complete address required

5. From well to nearest: Building 2' 6" ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed 100 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.)
5"	0	161			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	5" pipe	0	131 1/2

9. GROUT:

Kind	From (ft.)	To (ft.)
None		

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 62 GPM.
Depth from surface to water-level: 25 ft.
Water-level when pumping: 60 ft.
Water sample was sent to the state laboratory at:
_____ on _____ 19____
City

10. FORMATIONS:

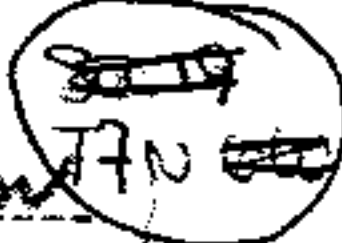
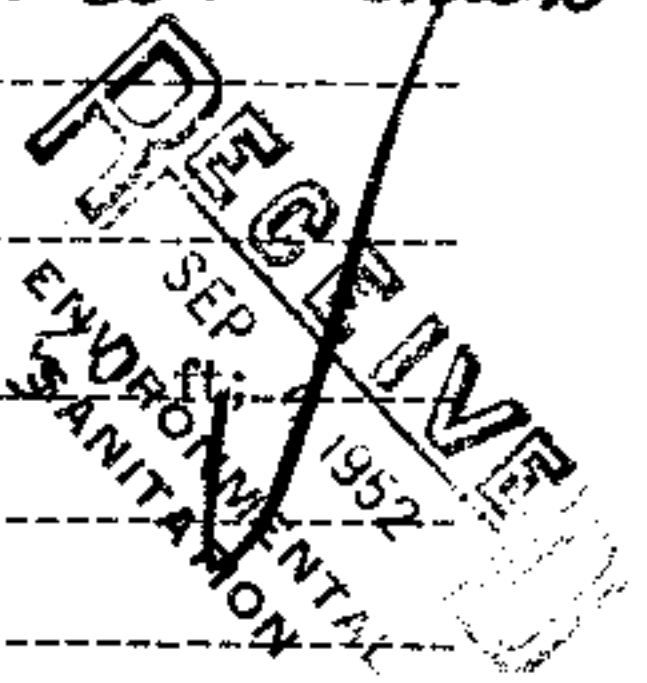
Kind	From (ft.)	To (ft.)
Sand + Gravel	0	130
Blue lime	130	161

Construction of the well was completed on:
Sept 2 1952

The well is terminated 8 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 Farmersburg Well Contractors, Farmersburg, Iowa
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. Coli _____
Examiner _____