

file a copy in both locations

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

1. County Crawford Co. Town Village City Prairie du Chien, Wisc.
 Farm Lot 31
 2. Location 216 North Prairie NW, SE, Sec 25 T. 7N R. 7W
 Name of street and number of premises or Section, Town and Range numbers
 3. Owner or Agent 3. M. Company
 Name of individual, partnership or firm
 4. Mail Address 216 North Prairie
 Complete address required
 5. From well to nearest: Building 10 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well 25 ft.



6. Well is intended to supply water for: Process Water Perm Well # 42801

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
42"	0	70'			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
16"	Steel .375" wall	+ 2'	50'
16"	S.S. Screen	50'	70'

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement Grout	0	45
Clay Seal	45	48

11. MISCELLANEOUS DATA:

Yield test: 24 Hrs. at 600 GPM.
 Depth from surface to water-level: 21 ft.
 Water-level when pumping: 26 1/2 ft.
 Water sample was sent to the state laboratory at:
Madison on August 10 1966
 City

10. FORMATIONS: Farm Lot 31 (or NW, SE 525, T7N R7W)

Kind	From (ft.)	To (ft.)
Sand & Gravel	0	70'

Construction of the well was completed on:
August 10 1966
 The well is terminated 18 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 W. A. M. Sullivan W. A. M. Sullivan
W. A. M. Sullivan
W. A. M. Sullivan
 Registered Well Driller PO Box 237 Pabugue Iowa
 Complete Mail Address

Rec'd _____ No. _____
 Ans'd _____
 Interpretation High Capacity Well Approved 7-18-66
File: Prairie du Chien
Crawford Co. # 1 (Indi)

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. CC; M. E. Ostrom
 48 hrs. 9/15/66
 Confirm _____
 B. Coll _____
 Examiner _____