V 0565

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

1. County Crawford	Town Bridge Port
2. Location Sec # 3 - Block 6 - 1	City Check one and give name Conce W. 7-6 W or Section Town and Range numbers
Name of street and number of premise	or Section, Town and Range numbers
3. Owner or Agent	
4. Mail Address Prairie der Chiefe address required	
5. From well to nearest: Buildingft; sewerft; drainft; septic tankft;	
dry well or filter bedft; abandoned wellft.	
6. Well is intended to supply water for:Stack_Well.	
7. DRILLHOLE:	10. FORMATIONS:
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.)
12' 0 6'	Heavey Soil 0 15
6 6 229	Granel-Sandwaler 15 223
8. CASING AND LINER PIPE OR CURBING:	Sand Stone 223 229
Dia. (in.) Kind and Weight From (ft.) To (ft.)	
6" Heavy duty Blb	
Steel Lese 123 Husel	
	- FECEIVED
9. GROUT:	AUG 1.5-1957
Kind From (ft.) To (ft.)	ENVIRONMENTAL
	SANITATION
	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	august 18 19_53
Yield test: GPM.	The well is terminatedinches
	☑ above, below ☐ the permanent ground surface.
Depth from surface to water-level: -28.0 ft.	Was the well disinfected upon completion?
Water-level when pumping: Saxve ft.	
1	Yesfell_ No
Water sample was sent to the state laboratory at: The distribution - Just # / aug 25-53. unsafte Lest # 2 - aug 3, 1965-3 - Sefe 19	Was the well sealed watertight upon completion?
City () 3-1965-3-20242-19	Yes_yes No
Signature N.W. Bartela P.a. Box	75- Boscokel, Wes.
Registered Well Driller Please do not wri	Complete Mail Address te in space below
Rec'd No No	10 ml 10 ml 10 ml 10 ml
Ans'd	Gas-24 hrs
Interpretation	48 hrs
**************************************	Confirm
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	B. Celi
	Examiner