

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

1. County Crawford (Town Bridgeport
Village City Check one and give name

2. Location Section 9 - town 6 - Range 6 W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Antone Checka
Name of individual, partnership or firm

4. Mail Address Prairie du chien
Complete address required

5. From well to nearest: Building 10 ft; sewer _____ ft; drain _____ ft; septic tank 60 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.)
10	0	77			
6	77	126			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard Pipe	0	81

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	77

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.
Depth from surface to water-level: 85 ft.
Water-level when pumping: 85' ft.
Water sample was sent to the state laboratory at:
Madison on May 22 1964
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sand + Clay	0	54
Sandstone soft	54	77
Sandstone hard	77	126

RECEIVED
JUN 9 1961
SANITARY
ENGINEERING

Construction of the well was completed on:
May 22 1961

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 Parmersburg, 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. Coll _____
Examiner _____