

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

1. County Crowford Town Village City Prarie Du Chien
Check one and give name

2. Location NE 1/4 of W. 1/2 of Sec 9, Township 6 North Range 6 W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Bud Jameson
Name of individual, partnership or firm

4. Mail Address Prarie Du Chien Wis
Complete address required

5. From well to nearest: Building 5 ft; sewer _____ ft; drain _____ ft; septic tank 55 ft;
dry well or filter bed 60 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	42	6	42	175

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Black Pipe	0	42

9. GROUT:

Kind	From (ft.)	To (ft.)
Best Cement	8	42

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 15 GPM.
Depth from surface to water-level: 75 ft.
Water-level when pumping: 78 ft.
Water sample was sent to the state laboratory at:
_____ on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay and Boulder	0	30
St Peter sand	30	36
Magnum lime	36	75
Dredged material	75	175

RECEIVED
JUL 21 1959

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:
July 11 1959

The well is terminated 12 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes 1 No _____

Was the well sealed watertight upon completion?
Yes 1 No _____

Signature Tony Best Registered Well Driller Complete Mail Address Box 503 Cuba City Wis
Please do not write in space below

Rec'd JUL 15 1959 No. 22542 10 ml 10 ml 10 ml 10 ml 10 ml

Ans'd _____ Gas—24 hrs. _____

Interpretation SAFE 48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____