

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Bridgeport
SE 1/4 *6* Village City
Check one and give name

2. Location Section 10, Township 7N, Range 6W.
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Prairie Du Chien Country Club
Name of individual, partnership or firm

4. Mail Address RR Prairie Du Chien, Wis.
Complete address required

5. From well to nearest: Building 125 ft; sewer ft; drain ft; septic tank 100 ft;
 dry well or filter bed 500 ft; abandoned well ft.

6. Well is intended to supply water for: Country Club

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	82			
8	82	203			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
8	standard 8" pipe	6	82
	Pitless Unit	0	6

9. GROUT:

Kind	From (ft.)	To (ft.)
Pure cement	0	82

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 45 GPM.
 Depth from surface to water-level: 125 ft.
 Water-level when pumping: 143 ft.
 Water sample was sent to the state laboratory at:
Madison on 7/18 1967
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Top soil	0	4
Sand and gravel	4	25
Limestone	25	51
Grey limestone	51	120
Jordon sandstone	120	198
Limestone	198	203

Construction of the well was completed on:
7/11 1967

The well is terminated 12 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 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 _____