

1. COUNTY **Crawford** CHECK ONE Town Village City **Bridgeport** NAME

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
Part of N.W. 1/4 of N.E. 1/4 of Section 10 Town 6N Range 6W.

3. OWNER AT TIME OF DRILLING
Jerry Quinn

4. OWNER'S COMPLETE MAIL ADDRESS
Prairie Du Chien, Wisconsin

5. Distance in feet from well to nearest: (Record answer in appropriate block)

BUILDING C.I.	SANITARY SEWER TILE	FLOOR DRAIN C.I.	FOUNDATION DRAIN SEWER CONNECTED	FOUNDATION DRAIN INDEPENDENT	WASTE WATER DRAIN C.I.	WASTE WATER DRAIN TILE		
10	110	45						
CLEAR WATER DRAIN C.I.	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
				150				

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for:
Home

7. DRILLHOLE						10. FORMATIONS		
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)
10	Surface	73				Top soil	Surface	3
6	73	190				Sandy clay & gravel	3	40
8. CASING, LINER, CURBING, AND SCREEN						Limestone	40	100
Dia. (in.)	Kind and Weight		From (ft.)	To (ft.)		Jordan sandstone	100	190
6	standard 6" 19.45		Surface	73				
9. GROUT OR OTHER SEALING MATERIAL								
Kind			From (ft.)	To (ft.)				
cement			Surface	73				

Well construction completed on **1-16-187**

11. MISCELLANEOUS DATA

Yield test: **2** Hrs. at **10** GPM Well is terminated **8** inches above below final grade

Depth from surface to normal water level **123** ft. Well disinfected upon completion Yes No

Depth to water level when pumping **129** ft. Well sealed watertight upon completion Yes No

Water sample sent to **Madison** laboratory on: **1-24-1967**

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE **Duane Lubbers** Registered Well Driller COMPLETE MAIL ADDRESS **Farmersburg, Iowa**

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
307				