

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Well 6

See Instructions on Reverse Side

RECEIVED

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

2. Location Section 12 Range 6 W T6N AUG 20 1963
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Henry Nowley
 Name of individual, partnership or firm

SANITARY ENGINEERING

4. Mail Address R 7 D Prairie du Chien
 Complete address required

5. From well to nearest: Building 6 ft; sewer 50 ft; drain 60 ft; septic tank 75 ft;
 dry well or filter bed 75 ft; abandoned well 0 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	71	6	71	90

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	71

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	60
Cement	60	71

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 20 GPM.

Depth from surface to water-level: 70 ft.

Water-level when pumping: 70 ft.

Water sample was sent to the state laboratory at:

Madison on Aug. 13 1963
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay & loose stone	0	60
limestone	60	80
sandstone	80	90

Construction of the well was completed on:

June 24 1963

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 Kenneth Copman
 Registered Well Driller

R 3 Box 36, Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd AUG 14 1963 No. 34164

Ans'd _____

Interpretation _____

~~SAFE~~ BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____