

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

RECEIVED
APR 27 1950
BUREAU
S.A.M. ENG.

1. County Crawford Town Village City Praire du Chien
Check one and give name
2. Location Praire du Chien
Name of street and number of premise or Section, Town and Range numbers
17N 6W
3. Owner or Agent Clarence Konicheck
Name of individual, partnership or firm
4. Mail Address Praire du Chien, Platteville, Wis.
Complete address required
5. From well to nearest: Building 26 ft; sewer none ft; drain 30 ft; septic tank 75 ft;
 dry well or filter bed none ft; abandoned well 30 ft.
6. Well is intended to supply water for: Farma and Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	26			
7	26	390			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Standard Wgt. Steel Pipe	0	26

9. GROUT:

Kind	From (ft.)	To (ft.)
Concrete	0	20
Neat Cement	20	26

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
 Depth from surface to water-level: 330 ft.
 Water-level when pumping: 335 ft.
 Water sample was sent to the state laboratory at:
Madison on April 10 1950
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Dirt	0	10
Galena Limestone	10	43
Trenton Limestone	43	105
St. Peters Sand	105	165
Praire du Chien Lime	165	390

Construction of the well was completed on:
January 28 1950

The well is terminated 9 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 Rabbe Bros. Registered Well Driller 222 Madison St. Platteville, Wis 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 _____