

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wsl 6

See Instructions on Reverse Side

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

2. Location Section 4 Range 7W @ T 7 N
 Name of street and number of premise or Section, Town and Range numbers

AUG 20 1963

3. Owner or Agent Hiram Walker
 Name of individual, partnership or firm

SANITARY ENGINEER

4. Mail Address Prairie du Chien
 Complete address required

5. From well to nearest: Building 10 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
 dry well or filter bed 0 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Public

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	200	6"	0	200
6"	0	200			

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Loose sand	0	100
sandstone	100	150
limestone	150	175
shalestone	175	200

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	117

9. GROUT:

Kind	From (ft.)	To (ft.)
None		

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 20 GPM.
 Depth from surface to water-level: 80 ft.
 Water-level when pumping: 90 ft.
 Water sample was sent to the state laboratory at:
Madison on Aug. 13 1963
 City

Construction of the well was completed on:

July 13 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 Coplan
 Registered Well Driller

R3 Box 36, Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd AUG 14 1963 No. 34162
 Ans'd _____
 Interpretation _____
SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli C
 Examiner _____