

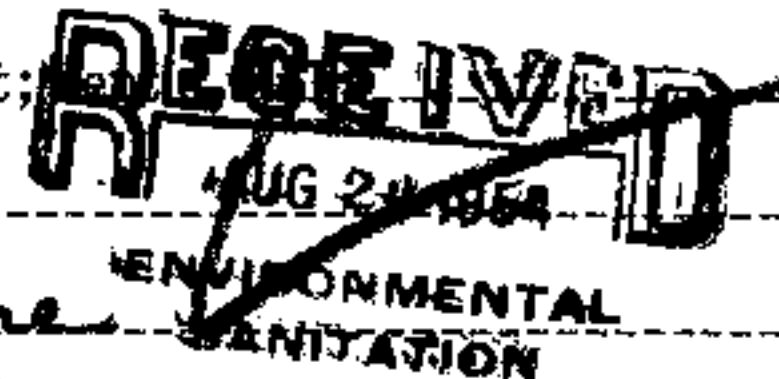
WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

1. County Crawford Town PRAIRIE DU CHIEN
 Village City Check one and give name
 2. Location SE 1/4 of the NE 1/4 Section 7 Township 7 No of Range 6 West
 Name of street and number of premises or Section, Town and Range numbers

3. Owner or Agent E. O. HOLLY
 Name of individual, partnership or firm

4. Mail Address PRAIRIE DU CHIEN Box # 333
 Complete address required

5. From well to nearest: Building 25 ft; sewer _____ ft; drain _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.



6. Well is intended to supply water for: Summer Home

7. DRILLHOLE:

| Dia. (in.) | From (ft.) | To (ft.) | Dia. (in.) | From (ft.) | To (ft.) |
|------------|------------|----------|------------|------------|----------|
| 10 | 0 | 44' | | | |
| 6 | 44 | 391 | | | |

8. CASING AND LINER PIPE OR CURBING:

| Dia. (in.) | Kind and Weight | From (ft.) | To (ft.) |
|------------|-----------------|------------|----------|
| 6" | pipe | 0 | 44' |

9. GROUT:

| Kind | From (ft.) | To (ft.) |
|--------|------------|----------|
| cement | 0 | 44 |

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 5 GPM.
 Depth from surface to water-level: 350 ft.
 Water-level when pumping: 350 ft.
 Water sample was sent to the state laboratory at:
Madison on Aug. 16 1954
 City

10. FORMATIONS:

| Kind | From (ft.) | To (ft.) |
|------------|------------|----------|
| Clay | 0 | 20 |
| Brown lime | 20 | 75 |
| Blue lime | 75 | 155 |
| sand stone | 155 | 215 |
| lime stone | 215 | 305 |
| flint | 305 | 391 |

Construction of the well was completed on:

Aug. 10 1954

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 Farmersburg Well Contractors 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 _____