

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH **CR-45-U**

See Instructions on Reverse Side

1. County Crawford Town Village City Prairie Du Chemin, Wis.
Check one and give name

2. Location Sect. 22 Range 6W, T1N
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Ernest Henry **RECEIVED**
Name of individual, partnership or firm

4. Mail Address Prairie Du Chemin R. F. D. **AUG 29 1955**
Complete address required

5. From well to nearest: Building 50 ft; sewer 120 ft; drain ft; septic tank ft;
 dry well or filter bed ft; abandoned well ft.

6. Well is intended to supply water for: Home & Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	41			
6	41	145			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	St. Wt. Pipe		41

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	37
Neat Cement	37	41

11. MISCELLANEOUS DATA:

Yield test: Hrs. at 15 GPM.
 Depth from surface to water-level: 50 ft.
 Water-level when pumping: 110 ft.
 Water sample was sent to the state laboratory at:
Not sent on 19
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Surface	0	4
Sandy Lime	4	15
Drab.	15	102
Clay	102	105
Upper Trenton	105	145
Water (120-145)		

Construction of the well was completed on: 11 1955

The well is terminated 24 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 Jerry Beets Registered Well Driller Box 503 Cuba City 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