

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

1. County Crawford Town Prairie Du Chien Township
Village
City Check one and give name

2. Location Prairie Du Chien Township Sec. 23, Twp 7, Range 6 W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Ed. Morvitta
 Name of individual, partnership or firm

4. Mail Address Prairie Du Chien, Route 2, Wis.
 Complete address required

5. From well to nearest: Building 6 ft; sewer - ft; drain - ft; septic tank - ft;
 dry well or filter bed - ft; abandoned well - ft.

6. Well is intended to supply water for: Farm

RECEIVED
 DEC 11 1957
 ENVIRONMENTAL
 SANITATION

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	45'			
6	45	235			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard pipe	0	45

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	45

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 5 GPM.
 Depth from surface to water-level: 175 ft.
 Water-level when pumping: 175 ft.
 Water sample was sent to the state laboratory at:
Madison on Dec 10 1957
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Top soil	0	3
Brown lime	3	15
Grey lime	15	40
Blue lime	40	63
" shale	63	70
Grey lime	70	110
Blue shale	110	122
St. Peter sandstone	122	182
Grey lime	182	235

Construction of the well was completed on:
Dec 2 1957

The well is terminated 12" 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 Duane Lubbers
 Registered Well Driller

Lammersburg, Iowa
 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 _____