

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Bridgport township
Village City Check one and give name

2. Location Sec. 33 Town 7N Range 6W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Mat and Art Sebastian
Name of individual, partnership or firm

4. Mail Address R.F.D. Prairie Du Chien, Wis.
Complete address required

5. From well to nearest: Building 6 ft; sewer none ft; drain none ft; septic tank none ft;
dry well or filter bed none ft; abandoned well none ft.

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

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10 1/4	0'	30'	6"	30'	101'
4"	101'	175'			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel casing with drive shoe	6'	147'

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	6'	30'

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 12 GPM.
 Depth from surface to water-level: 110 ft.
 Water-level when pumping: 110 ft.
 Water sample was sent to the state laboratory at:
Madison on June 27 1960
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Top soil	0'	15'
Drift Rock	15'	30'
Gravelly sandstone	30'	55'
Brown Limestone	55'	137'
Quick sand	137'	147'
Jordan sandstone	147'	175'

JUN 28 1960

RECEIVED
SANITARY ENGINEERING

Construction of the well was completed on:
June 25 1960

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 Duane Lubbers
Registered Well Driller

Parkersburg, 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 _____