

RECEIVED

Vol. 6

SEP 21 1964

4

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

SANITARY ENGINEERING

JUN 18 1964

1. County Crawford

Town
Village
City

Check one and give name

2. Location Sec. 32, T8N, R6W
Name of street and number of premise or Section, Town and Range numbers

SANITARY ENGINEERING

3. Owner or Agent Charles Beuwar
Name of individual, partnership or firm

4. Mail Address When drilled Prairie Du Chien, Mont Now
Complete address required

5. From well to nearest: Building 30 ft; sewer _____ ft; drain _____ ft; septic tank 105 ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	42.5

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	New 30 lb pipe	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	40

11. MISCELLANEOUS DATA:

could easily bail well dry
Yield test: _____ Hrs. at 4 GPM.
Depth from surface to water-level: 340 ft.
Water-level when pumping: 410 ft.
Water sample was sent to the state laboratory at:
_____ on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
soil, clay shale rock	0	10
lime	10	100
sand	100	205
lime	205	320
sand	320	325
lime	325	425
<u>very light water in lime between 335 to 360</u>		

Construction of the well was completed on:

12-4 _____ 1957

The well is terminated _____ 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 J. D. Judd
Registered Well Driller

Shullsburg, 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 _____

658