

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wel 6

See Instructions on Reverse Side

1. County Crawford Town Bridgeport
 Village City Check one and give name
 2. Location Section 6 T6 N R5 W
 Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Mr. Mike Dahman
 Name of individual, partnership or firm
 4. Mail Address R7D Prairie du Chien
 Complete address required
 5. From well to nearest: Building 8 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
 dry well or filter bed 0 ft; abandoned well 300 ft.

6. Well is intended to supply water for: farm home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	160

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement Clay	0	20
Cement	20	40

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 12 GPM.
 Depth from surface to water-level: 100 ft.
 Water-level when pumping: 110 ft.
 Water sample was sent to the state laboratory at:
Madison on Aug. 30 1961
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay & stone	0	20
limestone	20	75
sandstone	75	160

RECEIVED

SEP 7 1961

SANITARY ENGINEERING

Construction of the well was completed on:
August 4th 1961

The well is terminated 8 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 Kenneth Coplan
 Registered Well Driller

R3 Box 36, Boscobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd AUG 31 1961 No. 2427

Ans'd _____

Interpretation _____

SAFE - BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 00000

Examiner _____