

WELL CONSTRUCTOR'S REPORT
FORM 3300-15

AUG - 9 1972

NOTE

WHITE COPY - DIVISION'S COPY
GREEN COPY - DRILLER'S COPY
YELLOW COPY - OWNER'S COPY

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
Box 450
Madison, Wisconsin 53701

| | | | | | | | | |
|--|--------------------|--|------------------------------------|---------------------------------|---|---|------------------------|-------------------|
| 1. COUNTY Crawford | | CHECK ONE <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | | NAME Praire Du Chien | | | | |
| 2. LOCATION - 1/4 Section Section <u>117</u> Township 7-N Range 6-W | | 3. OWNER AT TIME OF DRILLING Robert Helgerson | | | | | | |
| OR - Grid or street no. Farm Lot 20 | | Street name Coulee Cte. | | ADDRESS Coulee Cte. Rte. 1 | | | | |
| AND - If available subdivision name, lot & block no. Ahrens Coulee Lot 6 Blk. 2 | | POST OFFICE Praire Du Chien, Wisc. | | | | | | |
| 4. Distance in feet from well to nearest: (Record answer in appropriate block) | | BUILDING 24 | SANITARY SEWER C. I. 48 TILE | FLOOR DRAIN C. I. 60 TILE | FOUNDATION DRAIN SEWER CONNECTED INDEPENDENT None | WASTE WATER DRAIN C. I. None TILE | | |
| CLEAR WATER DRAIN C. I. None | SEPTIC TANK 100 | PRIVY None | SEEPAGE PIT 130 | ABSORPTION FIELD None | BARN None | SILLO None | ABANDONED WELL None | SINK HOLE None |
| OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.) None | | | | | | | | |

5. Well is intended to supply water for:
House

| 6. DRILLHOLE | | | | | | 9. FORMATIONS | | |
|--------------|------------|----------|------------|------------|----------|------------------|------------|----------|
| Dia. (in.) | From (ft.) | To (ft.) | Dia. (in.) | From (ft.) | To (ft.) | Kind | From (ft.) | To (ft.) |
| 10 | Surface | 35 | 6 | 35 | 120 | Clay | Surface | 35 |
| | | | | | | Rocky Drift | 35 | 80 |
| | | | | | | Orange Sand | 80 | 88 |
| | | | | | | Jordan Sandstone | 88 | 120 |

| | | | | | | | |
|---------------------------------------|--|------------|----------|--|--|--|--|
| 7. CASING, LINER, CURBING, AND SCREEN | | | | 10. TYPE OF DRILLING MACHINE USED | | | |
| Dia. (in.) | Kind and Weight | From (ft.) | To (ft.) | <input checked="" type="checkbox"/> Cable Tool | <input type="checkbox"/> Direct Rotary | <input type="checkbox"/> Reverse Rotary | |
| 6 | P. E. New Steel p.p. 18.97#per ft. | Surface | 98 | <input type="checkbox"/> Rotary - air w/drilling mud | <input type="checkbox"/> Rotary - hammer with drilling mud & air | <input type="checkbox"/> Jetting with Air <input type="checkbox"/> Water | |
| | | | | Well construction completed on 8-2 1972 | | | |

| | | | | | | | |
|------------------------------------|------------|----------|--|--|---------|-----|--|
| 8. GROUT OR OTHER SEALING MATERIAL | | | | 11. MISCELLANEOUS DATA | | | |
| Kind | From (ft.) | To (ft.) | | Yield test: | Hrs. at | GPM | Well is terminated |
| Puddled Clay | Surface | 35 | | 4 | 11 | | 20 inches <input checked="" type="checkbox"/> above <input type="checkbox"/> below final grade |
| Drive Shoe | 35 | 98 | | | | | |
| | | | | Depth from surface to normal water level | 50 | ft. | Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Depth to water level when pumping | 55 | ft. | Well sealed watertight upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Water sample sent to State Lab. of Hygiene; Madison, Wisc. laboratory on: 8-7 1972

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

| | |
|--|---|
| SIGNATURE <i>Duane Lubbers</i> Duane Lubbers W. D. 410 Registered Well Driller | COMPLETE MAIL ADDRESS Duane Lubbers Farmersburg, Iowa 52047 |
|--|---|

Please do not write in space below

| | | | | |
|-----------------------------|---------------|---------------|-----------|---------|
| COLIFORM TEST RESULT 265 | GAS - 24 HRS. | GAS - 48 HRS. | CONFIRMED | REMARKS |
|-----------------------------|---------------|---------------|-----------|---------|