

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

1. County Crawford Co. Town  Village  City  Prairie du Chien, Wisconsin  
Check one and give name

Farm Lot 31

2. Location 216 North Prairie NWSE, Sec 25, T7N, R7W  
Name of street and number of premises or Section, Town and Range numbers

3. Owner  or Agent  3M Company  
Name of individual, partnership or firm

4. Mail Address 216 North Prairie  
Complete address required

5. From well to nearest: Building \_\_\_\_\_ 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: Abandoned Well Report Farm Lot 31

**7. DRILLHOLE:**

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)

**8. CASING AND LINER PIPE OR CURBING:**

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
2"	Steel Galv.	+2	67
2"	Galv. Point	67	70

**9. GROUT:**

Kind	From (ft.)	To (ft.)
Cement Grout	0	50
Note: Gravel Fill	50	70

**11. MISCELLANEOUS DATA:**

Yield test: \_\_\_\_\_ Hrs. at \_\_\_\_\_ GPM.  
 Depth from surface to water-level: \_\_\_\_\_ ft.  
 Water-level when pumping: \_\_\_\_\_ ft.  
 Water sample was sent to the state laboratory at:  
 \_\_\_\_\_ on \_\_\_\_\_ 19\_\_\_\_  
City

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)

Note: Well Point for observation for well field water levels. 2" pipe is capped when not in use.

Construction of the well was completed on: \_\_\_\_\_ 19\_\_\_\_  
 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 W.D. 30 Wagner Well & Pipe Co. Registered Well Driller  
 PE 30

Wm. A. Edmunds 70 Box 237 Dubuque 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. Coll \_\_\_\_\_  
 Examiner \_\_\_\_\_

