

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

Wsl 6

1. County Crawford Town Village City Bridgeport, Wis.
Check one and give name

2. Location Section 2 T6N R6W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Louis Marfelius
Name of individual, partnership or firm

4. Mail Address R7D Prairie du Chien, Wis.
Complete address required

5. From well to nearest: Building 10 ft; sewer 50 ft; drain 65 ft; septic tank 90 ft;
 dry well or filter bed 0 ft; abandoned well 0 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	61	6	61	130

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	standard wt.	0	61

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	15
Cement	15	61

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.
 Depth from surface to water-level: 100 ft.
 Water-level when pumping: 100 ft.
 Water sample was sent to the state laboratory at:
Madison on Feb. 19 1962
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay & stone	0	15
broken limestone	15	45
limestone	45	61

This is a repair job, so the formations below this is not known.

Construction of the well was completed on:

Jan. 2 1962

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 Kenneth Coplan R 3 Box 36, Boscobel, Wis.
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd FEB 20 1962 No 5257

Ans'd _____

Interpretation Broken in transit

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.					
48 hrs.					
Confirm					
B. Coli					

Examiner _____