

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

W-16

See Instructions on Reverse Side

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

2. Location Section 10 Town 6-N R-3-W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Red Jamison
 Name of individual, partnership or firm

4. Mail Address R 70 Prairie du Chien, Wis.
 Complete address required

5. From well to nearest: Building 10 ft; sewer 15 ft; drain 15 ft; septic tank 50 ft;
 dry well or filter bed 65 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	51	6	51	190

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	51

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	35
Cement	35	51

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 20 GPM.
 Depth from surface to water-level: 170 ft.
 Water-level when pumping: 175 ft.
 Water sample was sent to the state laboratory at:
Madison on Mar. 8 1965
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	35
sandrock & clay	35	43
limerock	43	115
sandrock	115	190

Construction of the well was completed on:
Oct. 7 1964

The well is terminated 12 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 Copman
 Registered Well Driller

R 3 Box 36 Boscobel, Wis.
 Complete Mail Address 53805

Please do not write in space below

Rec'd MAR 9 1965 No. 9168

MAR 11 1965
 SAFE BACTERIOLOGICALLY

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 00000
 Examiner _____