

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

RECEIVED
NOV 18 1951
BUREAU
ENG.

1. County Grant - CRAWFORD { Town
Village
City Bridgeport
Check one and give name

2. Location Sec. 11 top 6N Range 6W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent The Lane School District
Name of individual, partnership or firm

4. Mail Address Bridgeport, Wisconsin
Complete address required

5. From well to nearest: Building 5 ft; sewer 96 - 132 ft; drain ft; septic tank ft;
dry well or filter bed 50 ft; abandoned well ft.

6. Well is intended to supply water for: School

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	31-8			
6	31-8	61			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Steel pipe	0	31-8
	Steel drive shoe on.		

9. GROUT:

Kind	From (ft.)	To (ft.)
Neak Cement	0	31-8

11. MISCELLANEOUS DATA:

Yield test: 10 min Hrs. at 30 GPM.

Depth from surface to water-level: 22 ft.

Water-level when pumping: 22 ft.

Water sample was sent to the state laboratory at:
Madison on 11-19 1951
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	8
Loose rock	8	12
lime rock.	12	61

Construction of the well was completed on:
Sept 18 1951

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 Chas E Faherty
Registered Well Driller

Plattville, Wis R.F. #3
Complete Mail Address

Please do not write in space below

Rec'd NOV 20 1951 No. 22641

Ans'd _____
Interpretation none

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

Examiner _____