

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

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

2. Location Bridgeport Wis Sec 11, T. 6, R. 6 W
Name of street and number of premises or Section, Town and Range numbers

3. Owner or Agent Errett Bedward
Name of individual, partnership or firm

4. Mail Address RR #2 Prairie Du Chien Wis
Complete address required

5. From well to nearest: Building 7 ft; sewer 2 ft; drain 2 ft; septic tank 2 ft;
dry well or filter bed 2 ft; abandoned well 2 ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	44	6	44	155

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	BLK. ST. PIPE	0	44

9. GROUT:

Kind	From (ft.)	To (ft.)
Neat Cement	6	44

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 15 GPM.

Depth from surface to water-level: 120 ft.

Water-level when pumping: 120 ft.

Water sample was sent to the state laboratory at:

Madison on March 10 1958
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Surface & Clay	0	6
Maggie Limestone	6	60
Sand Stone	60	155

RECEIVED

MAR 20 1958

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:

March 8 1958

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 Rony Beets Box 503 Cuba City, Wis.
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd. MAR 13 1958 No. 5709

Ans'd _____

Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____

CR
312