

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Lot #12 - Block 1 SW 1/4 Range 6W - (6N) Sec 11
Name of street and number of premise or Section, Town and Range numbers

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

4. Mail Address Prairie du Chemin, Wis R.F.D #2
Complete address required

5. From well to nearest: Building 5 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: Res.

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	4'			
5"	4	158			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Stan Steel		
	Bib pipe	43	used.

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 12 Hrs. at 6 GPM.
 Depth from surface to water-level: 28 ft.
 Water-level when pumping: Same ft.
 Water sample was sent to the state laboratory at:
Madison on June 18 1956
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Top soil light	0	5
Sand loose Soil	5	14
Gravel - Some Muck	14	25
Gravel - water	25	153
Sand Stone	153	158

RECEIVED
 AUG 15 1957
 ENVIRONMENTAL
 SANITATION

Construction of the well was completed on:
May 31 1956

The well is terminated 16" inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes Yes No _____

Was the well sealed watertight upon completion?
 Yes Yes No _____

Signature N. W. Bartels P.O. Box 175 - Bascohel Wis
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____	10 ml	10 ml	10 ml	10 ml	10 ml
Ans'd _____	Gas—24 hrs. _____				
Interpretation _____	48 hrs. _____				
_____	Confirm _____				
_____	B. Coli _____				
_____	Examiner _____				