

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County CRAWFORD Town SHIP EASTMAN
Check one and give name
2. Location NO WEST QUARTER OF N.W. QUARTER - SEC 4, TOWNSHIP 7, NORTH RANGE - 5 - WEST
Name of street and number of premise or Section, Town and Range numbers
3. Owner ~~XXXXXXXXXX~~ JOHN DALY
Name of individual, partnership or firm
4. Mail Address FORT CRAWFORD HOTEL - PRAIRIE DU CHIEN
Complete address required
5. From well to nearest: Building 45 ft; sewer NONE ft; drain 56 ft; septic tank NONE ft;
 dry well or filter bed NONE ft; abandoned well NONE ft.
6. Well is intended to supply water for: FARM and HOME

RECEIVED
 SEP 19 1949
 SANITARY DIV.
 WISCONSIN

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6			6	4 1/2	116
9	0	4 1/2			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	STD WEIGHT		
	STEEL PIPE	0	4 1/2

9. GROUT:

Kind	From (ft.)	To (ft.)
NEAT CEMENT	33	4 1/2
PODDLED CLAY	0	33

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 6 GPM.
 Depth from surface to water-level: 70 ft.
 Water-level when pumping: 100 ft.
 Water sample was sent to the state laboratory at:
MADISON on Aug 27 1949
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
CLAY + LOOSE STONE	0	33 1/2
YELLOW LIMESTONE	33 1/2	71 1/2
BLUE SOAPSTONE	71 1/2	74
BLUE-CLAY	74	77
BLUE-LIMESTONE	77	116

Construction of the well was completed on:

AUGUST 13 1949

The well is terminated 14 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 Elmer Gaulke
 Registered Well Driller

811 No BEAUMONT RD
PRAIRIE DU CHIEN WISCONSIN
 Complete Mail Address

Please do not write in space below

Rec'd AUG 29 1949 No. 14608

Ans'd _____

Interpretation _____

[Handwritten signature]

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

Examiner _____