

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

Wol 6

1. County Crawford Co. Town Prairie Du Chien
 Village City Check one and give name

2. Location Sec. 24 Range 6W Township 7N
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Marvin Grismme
 Name of individual, partnership or firm

APR 9 1965

4. Mail Address Prairie Du Chien
 Complete address required

**SANITARY
ENGINEERING**

5. From well to nearest: Building 10 ft; sewer _____ ft; drain _____ ft; septic tank 400' ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	45			
6	45	340			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	pipe 18.45	0	45

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	45

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 5 GPM.
 Depth from surface to water-level: 290' ft.
 Water-level when pumping: 290' ft.
 Water sample was sent to the state laboratory at:
Madison on April 7 1965
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	7
Shalestone	7	45
<i>This is a recasing job no samples from 45'</i>		

Construction of the well was completed on:
March 30 1965

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 Duane Lubbers
 Registered Well Driller

Farmersburg
 Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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

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