

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

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

2. Location Sect. 27 Range 6W T-7N  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Charley Joran  
Name of individual, partnership or firm

4. Mail Address Prisme Du Chien  
Complete address required

5. From well to nearest: Building 15 ft; sewer none ft; drain none 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 & Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	49			
6	49	470			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	5 1/2 wt. Pipe	0	49 1/2

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	49

11. MISCELLANEOUS DATA:

Yield test: \_\_\_\_\_ Hrs. at \_\_\_\_\_ GPM.  
Depth from surface to water-level: 420 ft.  
Water-level when pumping: 430 ft.  
Water sample was sent to the state laboratory at:  
Not Inst. on \_\_\_\_\_ 19\_\_\_\_  
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Old well	0	136
Trenton Limestone	136	155
Clay bed shale	155	162
St. Peter sand	162	210
upper Niagara Limestone	210	425
Lower Niagara Limestone	425	470

Construction of the well was completed on:  
Nov. 1953

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 Jerry Beets Registered Well Driller  
Please do not write in space below  
Complete Mail Address Cuba City Wis.

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	_____	_____	_____	_____