

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Prairie du Chien Village City Prairie du Chien Check one and give name T7N
R7W

2. Location Box 58 - P.D.C. Land O. No. 1 77W
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Harold E. Valley
Name of individual, partnership or firm

4. Mail Address Prairie du Chien, Wis **RECEIVED**
Complete address required

5. From well to nearest: Building 5 ft; sewer _____ ft; drain _____ ft; septic tank 75 ft;
dry well or filter bed 90 ft; abandoned well _____ ft. FEB 15 1961

6. Well is intended to supply water for: Home + office

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	0	240			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	standard 6" pipe	0	159'

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 15 GPM.
 Depth from surface to water-level: 44 ft.
 Water-level when pumping: 175 ft.
 Water sample was sent to the state laboratory at:
Madison on Feb 14 1961
City

10. FORMATIONS: SANITARY ENGINEERING

Kind	From (ft.)	To (ft.)
land	0	156
Green shale	156	240
Green shale hard no caving		

Construction of the well was completed on: Feb 3 1961

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 Rubbers
Registered Well Driller

Tammesburg, Iowa
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 _____