

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

1. County Crawford Town Eastman
 Village City Check one and give name
 2. Location Section 31 T8N 6W
 Name of street and number of premise or Section, Town and Range numbers
 3. Owner or Agent Frank Bruckner
 Name of individual, partnership or firm
 4. Mail Address Prairie du Chien, Wis. ✓
 Complete address required

5. From well to nearest: Building 200 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
 dry well or filter bed 0 ft; abandoned well 0 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	40	6	40	400

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	standard wt	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	25
Cement	25	40

11. MISCELLANEOUS DATA:
 Yield test: 3 Hrs. at 8 GPM.
 Depth from surface to water-level: 350 ft.
 Water-level when pumping: 360 ft.
 Water sample was sent to the state laboratory at:
Madison on Sept. 22 1959
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay + loose stone	0	25
limestone	25	140
sandstone	140	225
blue limestone	225	340
sandstone	340	400

Construction of the well was completed on:
November 5 1958
 The well is terminated 12 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 Kenneth Coyrian
 Registered Well Driller

R3 Box 36 Boocabel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd SEP 23 1959 No. 33646
 Ans'd _____
 Interpretation SAFE

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