

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

Well 6
RECEIVED
JUL 12 1965

SANITARY
ENGINEERING

1. County Crowford Town Freema
 Village City Check one and give name

2. Location Lot 3 - Sec 7 - TSP 10 - NR 6 W -
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Edith Bernard
 Name of individual, partnership or firm

4. Mail Address Waterloo Iowa, Jewell Ave
 Complete address required

5. From well to nearest: Building 10 ft; sewer _____ ft; drain _____ ft; septic tank 25 ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Settage

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	top	63	5"	63	100

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	15# Steel	top	63

9. GROUT:

Kind	From (ft.)	To (ft.)
Segment	63	40
Puddled Clay	40	top

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 10 GPM.
 Depth from surface to water-level: 50 ft.
 Water-level when pumping: 65 ft.
 Water sample was sent to the state laboratory at:
Madison on 9/23 1959
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	10
Shale	10	51
Sandstone	51	100

Construction of the well was completed on:
9/20 1959

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 E. W. Spang
Registered Well Driller

New alb 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 _____