

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

Vol 6

1. County Crawford } Town Ferrysville }
 Section 9 } Village }
 2. Location Lot 2 - Block 5 in Village of Ferrysville - S 9 E 8 T 10 R 6 W } City }
 T10N R6W } Name of street and number of premise or Section, Town and Range numbers }
 3. Owner or Agent Elvira Smith }
 Name of individual, partnership or firm } **S. MURPHY ENGINEERING**

4. Mail Address Ferrysville Wis
 Complete address required

5. From well to nearest: Building 6 ft; sewer _____ ft; drain _____ ft; septic tank 80 ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
5"	top	70 1/2	5"	70	97

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>Sand & gravel</u>	<u>top</u>	<u>70</u>
<u>Sandstone</u>	<u>70</u>	<u>97</u>

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	<u>Steel 15#</u>	<u>top</u>	<u>73.5</u>

9. GROUT:

Kind	From (ft.)	To (ft.)
<u>None</u>		

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 10 GPM.
 Depth from surface to water-level: 15 ft.
 Water-level when pumping: 35 ft.
 Water sample was sent to the state laboratory at:
Madison on 3/05/64
 City

Construction of the well was completed on:
3/24 1964
 The well is terminated 18 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 Edwin W. Wray
 Registered Well Driller

Newark, 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 _____