

1. COUNTY Crawford CHECK ONE Town Village City NAME Freeman

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
SW 1/4 of Sec. 9 T10N R6W

3. OWNER AT TIME OF DRILLING
Mr. Orvin Jorger

4. OWNER'S COMPLETE MAIL ADDRESS
Box 214 Ferrisville, Wis. 54628

5. Distance in feet from well to nearest:

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
C. I.	TILE	C. I.	SEWER CONNECTED	INDEPENDENT
20'	20'	20'		

CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILLO	ABANDONED WELL	SINK HOLE
C. I.	TILE							
	65'		80'					

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: Farm home

7. DRILLHOLE						10. FORMATIONS		
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)
10	Surface	47	6	47	140	Clay	Surface	20
						hard shalestone	20	95
						sandstone	95	140

8. CASING, LINER, CURBING, AND SCREEN			
Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	new black steel plain end 19.18	Surface	47

9. GROUT OR OTHER SEALING MATERIAL		
Kind	From (ft.)	To (ft.)
Clay	Surface	20
Cement	20	47

11. MISCELLANEOUS DATA	
Yield test: <u>3</u> Hrs. at <u>20</u> GPM	Well is terminated <u>12</u> inches <input checked="" type="checkbox"/> above <input type="checkbox"/> below final grade
Depth from surface to normal water level <u>90</u> ft.	Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Depth to water level when pumping <u>100</u> ft.	Well sealed watertight upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water sample sent to <u>Madison, Wis.</u>	laboratory on: <u>9-3-</u> 19 <u>69</u>

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Kenneth Copman Registered Well Driller COMPLETE MAIL ADDRESS R3 Box 84 Boscobel, Wis. 53805

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
1015				