

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

1. County Crawford Town Freeman
 Village City Check one and give name

2. Location Section 13 T10N, R6W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Mrs. Alma Nickelson
 Name of individual, partnership or firm

4. Mail Address Ferreyville, Wis. R. F. D.
 Complete address required

5. From well to nearest: Building 25 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	35	410

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 12 GPM.
 Depth from surface to water-level: 300 ft.
 Water-level when pumping: 300 ft.
 Water sample was sent to the state laboratory at:
Madison on July 6 1959
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	25
limestone	25	105
sandstone	105	200
blue limestone	200	280
limestone	280	310
sandstone	310	410

RECEIVED

JUL 15 1959

ENVIRONMENTAL
 SANITATION

Construction of the well was completed on:

May 16 1959

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 Coplan
 Registered Well Driller

R 3, Box 36, Bossobel, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd JUL 7 1959 No. 20820

Ans'd _____

Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____