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

RECEIVED
DEC 14 1948
BUREAU
SAN. ENG.

1. County: Crawford — Town ☒ / Village ☐ / City ☐ — Freeman (Check one and give name)

2. Location: Sec. 19-11N-5W (Name of street and number of premise or Sec. Tn. and R. numbers)

3. Owner ☒ or Agent ☐: Julius Baum (Name of individual, partnership or firm)

4. Mail Address: Viroqua, Wis. Route (Complete address required)

5. From well to nearest: Building ____ ft; sewer 110 ft; drain ____ ft; septic tank ____ ft; dry well or filter bed ____ ft; abandoned well ____ ft.

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

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
5 inches		

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
5 in	Steel Drive Pipe		35 ft

9. GROUT:

Kind	From (ft.)	To (ft.)

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Mud & Gravel		30
Soft Sand		
Rock		33

11. MISCELLANEOUS DATA:

Yield test: 5 hrs. Hrs. at ____ GPM.

Depth from surface to water: 22 ft.

Water-level when pumping: 22 ft.

Water sample sent to laboratory at Madison Wis. on 19 19 48

Signature: Carl Williams (Registered Well Driller)

Construction of the well was completed on June 19 48

The well is terminated 60 inches ☐ above, below ☒ the permanent ground surface.

Was the well disinfected upon completion? Yes X No ____

Was the well sealed watertight upon completion? Yes X No ____

Mt Sterling, Wis. (Complete Mail Address)

1090