

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location 8 miles E. of Ferrysville (SW 35 T11N, R10W)
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Leslie Nash Freemont Church
 Name of individual, partnership or firm

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

5. From well to nearest: Building 10 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
 dry well or filter bed 0 ft; abandoned well 0 ft.

RECEIVED
JUL 8 1958

6. Well is intended to supply water for: Church

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	56	6	56	370

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard	0	56

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	50
Cement	50	56

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.
 Depth from surface to water-level: 310 ft.
 Water-level when pumping: 310 ft.
 Water sample was sent to the state laboratory at:
Madison on June 30 1958
 City

10. FORMATIONS:

Kind	ENVIRONMENTAL SANITATION	
Clay + stone	0	15
limestone	15	25
loose stone	25	48
limestone	48	180
sandstone	180	260
blue stone	260	300
sandstone	300	370

Construction of the well was completed on:

June 9 1958

The well is terminated 6 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 Remond K...
 Registered Well Driller

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

Please do not write in space below

Rec'd JUL 1-1958 No. 19434

Ans'd _____
 Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli _____

Examiner _____