

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Sec. 26 Township 11N, Range 7W Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent H.R. Boardman Name of individual, partnership or firm

4. Mail Address Desoto, Wis. Complete address required

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

6. Well is intended to supply water for: Home and fish market

7. DRILLHOLE:

| Dia. (in.) | From (ft.) | To (ft.) | Dia. (in.) | From (ft.) | To (ft.) |
|------------|------------|----------|------------|------------|----------|
| 6 | top | 35 | 4" | 35 | 80 |

8. CASING AND LINER PIPE OR CURBING:

| Dia. (in.) | Kind and Weight | From (ft.) | To (ft.) |
|------------|-----------------|------------|----------|
| 4" | Steel 11 lb | top | 52 |

9. GROUT:

| Kind | From (ft.) | To (ft.) |
|--------------------|------------|----------|
| Clay | top | 35 |
| Core of sand below | | |

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 4 GPM.
Depth from surface to water-level: 33 ft.
Water-level when pumping: 40 ft.
Water sample was sent to the state laboratory at: Madison on 5/20 1957
City

10. FORMATIONS:

| Kind | From (ft.) | To (ft.) |
|-------------------|------------|----------|
| Clay formation | top | 35 |
| Sand & water hole | | |
| to drive pipe | 35 | 52 |
| Sandstone | 48 | 80 |

Construction of the well was completed on: 5/11 1957

The well is terminated yes 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 Meyer Registered Well Driller

New albion 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 _____