

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 Sec 27 Township 1N, Range 7W Name of street and number of premise of Section, Town and Range numbers

3. Owner or Agent Robert Miska Name of individual, partnership or firm

4. Mail Address Neots - 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

7. DRILLHOLE:

Table with columns: Dia. (in.), From (ft.), To (ft.), Dia. (in.), From (ft.), To (ft.). Handwritten: 10, top, 39, 6", 39, 98

8. CASING AND LINER PIPE OR CURBING:

Table with columns: Dia. (in.), Kind and Weight, From (ft.), To (ft.). Handwritten: 6", 19.45 Steel, top, 39

9. GROUT:

Table with columns: Kind, From (ft.), To (ft.). Handwritten: clay, top, 39

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 4 GPM.

Depth from surface to water-level: 57 ft.

Water-level when pumping: 6.5 ft.

Water sample was sent to the state laboratory at: Madison on 6/25 1958 City

10. FORMATIONS:

Table with columns: Kind, From (ft.), To (ft.). Handwritten: shale, top, 39; Sandstone, 39, 98

Construction of the well was completed on:

6/15 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 Edwin W Meyer Registered Well Driller

Complete Mail Address New Albion

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