

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wsl 6

See Instructions on Reverse Side

RECEIVED

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

2. Location 1/2 S. W. 1/4 Sec 27 R. 7 W. Block 11 Town Freema SEP 27 1963
 Name of street and number of premise or Section, Town and Range numbers

NE Sec 27
T11N R7W

3. Owner or Agent Harry Donald Sr
 Name of individual, partnership or firm

SANITARY ENGINEERING

4. Mail Address Wesport Wis
 Complete address required

5. From well to nearest: Building 30 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft. Privy - 80 ft

6. Well is intended to supply water for: House use

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	top	45	5"	45	90

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Steel, 15#	top	45

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	45	top

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 18 GPM.
 Depth from surface to water-level: 50 ft.
 Water-level when pumping: 70 ft.
 Water sample was sent to the state laboratory at:
Madison on 9/23 1963
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Shale	top	35
Sandstone	35	90

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OCT 1 1963

SANITARY ENGINEERING

Construction of the well was completed on:
9/12 1963

The well is terminated 18 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 [Signature]
 Registered Well Driller

[Signature]
 Complete Mail Address

Please do not write in space below

Rec'd SEP 24 1963 No. 41600

Ans'd _____

Interpretation _____

SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm [Signature]

B. Coli _____

Examiner _____