

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Freeman
 Section 35 Village
 2. Location Gov lot - 2 - Lot 26 - Block 11 - Range 7 Sec 35 City Check one and give name
 T11N R7W Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Otto Hallett
 Name of individual, partnership or firm

4. Mail Address Khesoto wis
 Complete address required

5. From well to nearest: Building phosphorus ft; sewer _____ ft; drain _____ ft; septic tank 60 ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Trailer Park

7. DRILLHOLE:

| Dia. (in.) | From (ft.) | To (ft.) | Dia. (in.) | From (ft.) | To (ft.) |
|------------|------------|----------|------------|------------|----------|
| 10" | top | 30 | 6" | 31 | 90 |

8. CASING AND LINER PIPE OR CURBING:

| Dia. (in.) | Kind and Weight | From (ft.) | To (ft.) |
|------------|------------------------|------------|----------|
| 6" | Steel 19 ⁴⁵ | top | 69-6 |

9. GROUT:

| Kind | From (ft.) | To (ft.) |
|----------|------------|----------|
| Cement - | top | 31 |

11. MISCELLANEOUS DATA:
 Yield test: 7 Hrs. at 8 GPM.
 Depth from surface to water-level: 35 ft.
 Water-level when pumping: 50 ft.
 Water sample was sent to the state laboratory at:
Madison on 7/3 1962
 City

10. FORMATIONS:

| Kind | From (ft.) | To (ft.) |
|-----------|------------|----------|
| Shale | Top | 31 ft |
| Sand | 31 | 60 ft |
| Sandstone | 60 | 90 |

RECEIVED
 JUL 9 1962

SANITARY ENGINEERING
 Construction of the well was completed on:
6/15 1962
 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 Edwin Wmeyer Registered Well Driller
 Complete Mail Address New alb. Ia
 Please do not write in space below

Rec'd JUL 3 - 1962 No. 22707
 Ans'd _____
 Interpretation SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm 0
 B. Coli _____
 Examiner _____