

99

# WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town  of Tria  
 Village   
 City  Check one and give name
2. Location 1 1/2 miles N.E. of Mt Sterling Sec 19 - T10 N1 - R4W  
 Name of street and number of premise or Section, Town and Range numbers
3. Owner  or Agent  Herman Schultz  
 Name of individual, partnership or firm
4. Mail Address Verona Wis.  
 Complete address required
5. From well to nearest: Building 30 ft; sewer \_\_\_\_\_ ft; drain \_\_\_\_\_ ft; septic tank 60 ft;  
 dry well or filter bed 80 ft; abandoned well \_\_\_\_\_ ft.
6. Well is intended to supply water for: Home

### 7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	0	80			
6	80	234			

### 8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Std weight pipe	0	80

### 9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	80	40
Clay.	40	0

### 11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 6 GPM.  
 Depth from surface to water-level: 200 ft.  
 Water-level when pumping: 212 ft.  
 Water sample was sent to the state laboratory at:  
Madison on Oct 6 1959  
 City

### 10. FORMATIONS:

Kind	From (ft.)	To (ft.)
top soil	0	3
sandstone	3	50
limestone	50	148
sandstone	148	234

RECEIVED  
OCT 7 1959  
ENVIRONMENTAL  
SANITATION

Construction of the well was completed on:

aug 3 1959

The well is terminated 10 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 A.C. and Frederick E. Jacobson Rt 5 Verona Wis.  
 Registered Well Driller Complete Mail Address  
 Please do not write in space below

Rec'd OCT 7 1959 No. 35560

Ans'd \_\_\_\_\_

Interpretation \_\_\_\_\_

**SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_  
 48 hrs. \_\_\_\_\_  
 Confirm \_\_\_\_\_  
 B. Coli \_\_\_\_\_  
 Examiner \_\_\_\_\_

911