

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

RECEIVED

1. County Crawford { Town Village City Freeman
Check one and give name 14 1948

2. Location Sec. 6-10-5 W
Name of street and number of premise or Sec. Tn. and R. numbers

3. Owner or Agent Peter Grimsrud
Name of individual, partnership or firm

4. Mail Address Ferryville, Wis
Complete address required

5. From well to nearest: Building _____ ft; sewer 106 ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Home - Farm

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
<u>6 in.</u>		

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>Mud & Gravel</u>		<u>35</u>
<u>Blue shale</u>		
<u>Rock</u>		<u>32</u>

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
	<u>Steel Drive Pipe</u>		<u>42</u>

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
Depth from surface to water: 25 ft.
Water-level when pumping: 25 ft.
Water sample sent to laboratory at Oct. on 19 1948

Construction of the well was completed on August 1948
The well is terminated _____ inches above, below the permanent ground surface. Sealed even with surface
Was the well disinfected upon completion? Yes No _____
Was the well sealed watertight upon completion? Yes No _____

Signature Carl Williams Registered Well Driller Mt Sterling, Wis Complete Mail Address