

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wsl 6

See Instructions on Reverse Side

1. County Crawford Town Freeman
 Village City Check one and give name
2. Location Section 19 T10N R5W
 Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Dan Lucey
 Name of individual, partnership or firm
4. Mail Address R2 Ferrysville, Wisconsin
 Complete address required
5. From well to nearest: Building 75 ft; sewer 100 ft; drain 100 ft; septic tank 150 ft;
 dry well or filter bed 150 ft; abandoned well 0 ft.
6. Well is intended to supply water for: Farm home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	61	6	61	270

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt.	0	61

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	30
Cement	30	61

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 10 GPM.
 Depth from surface to water-level: 200 ft.
 Water-level when pumping: 200 ft.
 Water sample was sent to the state laboratory at:
Madison on 8-27 1963
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	15
Clay & loose stone	15	30
limestone	30	61

This was an old well recased.

RECEIVED
 SEP 4 1963

Construction of the well was completed on:

April 8 1963

The well is terminated 8 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 Hermeth Copian Registered Well Driller R3, Box 36, Bosobel, Wis. 53805
 Complete Mail Address

Rec'd AUG 29 1963 No. 37400

Ans'd _____

Interpretation OS

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.					
48 hrs.					
Confirm					
B. Coli					

Examiner _____