WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

RECEIVED DEC 12 1949 BUREAU OF ENG.

1. County: Crawford — Town ☒ Village ☐ City ☐ — Freeman (Check one and give name)

2. Location: T10N, R5W, Section 30 — 70 ft S of house (Name of street and number of premise or Sec. Tn. and R. numbers)

3. Owner ☒ or Agent ☐: Rudolph Lee (Name of individual partnership or firm)

4. Mail Address: Ferryville (Complete address required)

5. From well to nearest: Building 10 ft; sewer ____ ft; drain ____ ft; septic tank ____ ft; dry well or filter bed ____ ft; abandoned well 25 ft.

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

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
5 inch		

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
5 in	Steel Screw type		50

9. GROUT:

Kind	From (ft.)	To (ft.)

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Mud & gravel		40 ft
White Sand Rock		26 ft

11. MISCELLANEOUS DATA:

Yield test: 1½ Hrs. at ____ GPM.

Depth from surface to water: 45 ft.

Water-level when pumping: 45 ft.

Water sample sent to laboratory at Madison on Dec 9 1949

Construction of the well was completed on Sept — 1949

The well is terminated 20 inches ☒ above, below ☐ the permanent ground surface.

Was the well disinfected upon completion? Yes X No ____

Was the well sealed watertight upon completion? Yes X No ____

Signature: Carl C Williams (Registered Well Driller)

Mt Sterling, Wis (Complete Mail Address)

CR 979