

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Grout Town Freeman
Village
City Check one and give name

2. Location Sec. 1 - North Range 6 - Intersect County Trunk C - 115 ft 10N
Name of street and number of premise or Section, Town and Range numbers

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

4. Mail Address Genoville
Complete address required

RECEIVED

5. From well to nearest: Building 6 ft; sewer _____ ft; drain _____ ft; septic tank 60 ft
dry well or filter bed _____ ft; abandoned well _____ ft.

JAN 23 1961

6. Well is intended to supply water for: Home use **SANITARY ENGINEERING**

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
7	top	50	4"	50	94

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	11# steel	top	50

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	50	top

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.
Depth from surface to water-level: 40 ft.
Water-level when pumping: 50 ft.
Water sample was sent to the state laboratory at:
Madison on 8/1 1960
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay & Sand	top	50
Sandstone	40	94

RECORDED

SANITARY ENGINEERING

Construction of the well was completed on:

7/16 1960

The well is terminated 48 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 W. Meyer Registered Well Driller

Genoville Complete Mail Address

Please do not write in space below

Rec'd JUL 19 1960 26267

Ans'd _____

Interpretation
This sample is unsatisfactory for bacteriological analysis because of the presence of chlorine.

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____