WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Ozaukee {Town ☑ Village ☐ City ☐} Cedarburg, Wis (Check one and give name)

2. Location NE ¼ of SW ¼ of sec. 27 T 10 N R 21 E
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☑ or Agent ☐ Wm. Sekas
Name of individual, partnership or firm

4. Mail Address Cedarburg, Wis
Complete address required

5. From well to nearest: Building 15 ft; sewer — ft; drain — ft; septic tank — ft; dry well or filter bed — 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	40			
6	40	141			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well casing	0	60

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay slurry	0	60

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Stoney Clay	0	60
Limestone	60	141

RECEIVED
JUN 3 1958
ENVIRONMENTAL SANITATION

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 9 GPM.

Depth from surface to water-level: 27 ft.

Water-level when pumping: 57 ft.

Water sample was sent to the state laboratory at: Madison (City) on Mar. 24 1958

Construction of the well was completed on: March 24 1958

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 Robert Dimenatto (Registered Well Driller) 631 So. Wash. Ave. Cedarburg, Wis. (Complete Mail Address)

Please do not write in space below

Rec'd ____ No ____

Ans'd ____

Interpretation ____

OZ 6138

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

Examiner ____