Wel 6

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

1. County Ozaukee — Town ☑ Village ☐ City ☐ Cedarburg (Check one and give name)

2. Location SE 1/4 of SW 1/4 of Sec. 34 T 10 NR 21 E
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☐ or Agent ☑ Clarence Behling
Name of individual, partnership or firm

4. Mail Address Cedarburg Wis.
Complete address required

5. From well to nearest: Building Open Field 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	87			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well Cas.	0	45

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay Slurry	0	40

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	45
Limestone	45	87

RECEIVED JUL 23 1959 ENVIRONMENTAL SANITATION

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 13 GPM.

Depth from surface to water-level: 14 ft.

Water-level when pumping: 25 ft.

Water sample was sent to the state laboratory at: Madison (City) on June 25 19 59

Construction of the well was completed on: June 25 19 59

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 Demerath
Registered Well Driller

631 S. Wash. Ave. Cedarburg Wis.
Complete Mail Address

Please do not write in space below

Rec'd ____ No. ____

Ans'd ____

Interpretation ____

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

Examiner ____

0 Z 6 5 2 4