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 NW¼ OF SW¼ OF SEC. 34 T10 NR21 E
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☒ or Agent ☐ Frank Sekas
Name of individual, partnership or firm

4. Mail Address Thiensville, 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	42			
6	42	160			

8. CASING AND LINER PIPE OR CURBING:

Dia (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well Cas.	0	42

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement Grout	0	42

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Ground	0	3
Limestone	3	160

RECEIVED
JUL 28 1960
SANITARY ENGINEERING

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 7½ GPM.

Depth from surface to water-level: 12 ft.

Water-level when pumping: 45 ft.

Water sample was sent to the state laboratory at: Madison (City) on March 23 1960

Construction of the well was completed on: March 23 1960

The well is terminated 10 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 Robert Dimmatt
Registered Well Driller

631 South 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 ____

OZ 6 5 2 6