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)

SW, SE, sec 34

2. Location 1 block W. of Hy 57 on Hy C (10N-21E)
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☐ or Agent ☒ Erwin Hamann
Name of individual, partnership or firm

4. Mail Address Cedar Creek Pkway Grafton Wis
Complete address required

5. From well to nearest: Building 15 ft; sewer ____ ft; drain 15 ft; septic tank 60 ft; dry well or filter bed 70 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.)
7 OD	0	55			
6"	55	126			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
7 OD	Steel 23 lbs foot	0	55

9. GROUT:

Kind	From (ft.)	To (ft.)
Drilling Mud	0	55

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sandy Red Clay	0	15
Gravel & Blue Clay	15	17
Blue Clay & gravel	17	50
Red Clay fine gravel	50	51
Hard Rock & Lime Rock	51	55
Yellow Lime Rock	55	126

11. MISCELLANEOUS DATA:

Yield test: 7 Hrs. at 550 GPM.

Depth from surface to water-level: 29 ft.

Water-level when pumping: 42 ft.

Water sample was sent to the state laboratory at: Madison (City) on April 1957

Construction of the well was completed on: April 23 1957

The well is terminated 8" 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 Nic Pmm & Sons
Registered Well Driller

R2 Cedarburg
Complete Mail Address

Please do not write in space below

Rec'd ____ No ____

Ans'd ____

Interpretation ____

OZ6534

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

Examiner ____