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 NE ¼ of SE ¼ of sec. 34 T 10 N R 21 E (Name of street and number of premise or Section, Town and Range numbers)
3. Owner ☑ or Agent ☐ Arthur Schwenksnecht (Name of individual, partnership or firm)
4. Mail Address Cedarburg, Wis. (Complete address required)
5. From well to nearest: Building 70 ft; sewer 100 ft; drain 100 ft; septic tank 160 ft; dry well or filter bed 100 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	313			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45 H Well casing	0	158

9. GROUT:

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

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	110
Limestone	110	114
Clay	114	158
Limestone	158	313

RECEIVED
OCT 14 1958
ENVIRONMENTAL SANITATION

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 5 GPM.

Depth from surface to water-level: 60 ft.

Water-level when pumping: 95 ft.

Water sample was sent to the state laboratory at: Madison (City) on July 14 1958

Construction of the well was completed on: July 14 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 Demuatto (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 ____

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

Examiner ____

026539