WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wel 6

See Instructions on Reverse Side

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

2. Location NW ¼ OF SE¼ 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 Schoenknecht
Name of individual, partnership or firm

4. Mail Address Cedarburg Wis.
Complete address required

5. From well to nearest: Building 13 ft; sewer ____ ft; drain ____ ft; septic tank 70 ft; dry well or filter bed 75 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	205

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# well cas.	0	111

9. GROUT:

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

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	111
Limestone	111	205

Construction of the well was completed on:

Dec. 20, 1961 19____

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____

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.

Depth from surface to water-level: 37 ft.

Water-level when pumping: 65 ft.

Water sample was sent to the state laboratory at:

Madison (City) on Dec. 20 19 61

Signature _____ (Registered Well Driller)

631 South Wash. Ave. Cedarburg Wis. (Complete Mail Address)

Please do not write in space below

Rec'd DEC 21 1961 No. 48626

Ans'd _____

Interpretation UNSAFE—BACTERIOLOGICALLY

Because of the presence of B. Coli in one of the 10 cc. portions of this sample another examination is advisable

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.					
48 hrs.	+	+	0	0	0
Confirm	+	0			
B. Coli	1/5				

Examiner _____

0 Z 6 5 4 1