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 NW¼ 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 ☑ E. H. Moldenhauer
   Name of individual, partnership or firm
4. Mail Address Cedarburg, Wis
   Complete address required
5. From well to nearest: Building 10 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	116			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well Case	0	44

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement slurry	0	44

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	23
Limestone	23	116

RECEIVED
JAN 28 1959
ENVIRONMENTAL SANITATION

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 5½ GPM.

Depth from surface to water-level: 15 ft.

Water-level when pumping: 45 ft.

Water sample was sent to the state laboratory at: Madison (City) on Nov. 10 1958

Construction of the well was completed on: Nov. 10 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 Demerath (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 ____

OZ6548