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)

NE, SW, sec. 35

2. Location 5328 Hawthorne Ln — T10N R21E
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☐ or Agent ☑ Robert Hoffmann Bell.
Name of individual, partnership or firm

4. Mail Address Sharon Lane Grafton, Wis.
Complete address required

5. From well to nearest: Building — 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	20			
6	20	170			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	New, Black Steel	0	86
	Tec .280 wall		
	19.45#		

9. GROUT:

Kind	From (ft.)	To (ft.)
Puddled clay	0	20

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Gravel	0	8
Stony clay & stone	8	28
Stony clay	28	86
Limestone	86	170

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 20 GPM.

Depth from surface to water-level: 65 ft.

Water-level when pumping: 85 ft.

Water sample was sent to the state laboratory at: Madison (City) on July 30 19 68

Construction of the well was completed on: July 25 19 68

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 [signature] Registered Well Driller

LIEBAU—LAUN, INC.
1203 W. Liebau Rd. 124 N.
Mequon, Wisconsin 53092
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 ____

0 2 6 5 6 1