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 SW ¼ of SE ¼ of Sec 35 T 10 N R 21 E
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☑ or Agent ☐ Edgar Frank
Name of individual, partnership or firm

4. Mail Address R2 Cedarburg Wis
Complete address required

5. From well to nearest: Building 10 ft; sewer 30 ft; drain 30 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.)
10	0	20			
6	20	130			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45 # Well Casing	0	43

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay Slurry	0	43

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sand	0	20
Blue Clay	20	40
Hard Pan	40	43
Limestone	43	130

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.

Depth from surface to water-level: 7 ft.

Water-level when pumping: 30 ft.

Water sample was sent to the state laboratory at: Madison (City) on Nov. 30 19 55

Construction of the well was completed on: Nov 30 19 55

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 Robert Demuth
Registered Well Driller

631 S Main 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 ____

OZ 6567