WELL CONSTRUCTOR'S REPORT

WISCONSIN STATE BOARD OF HEALTH

Wel 6

1. COUNTY: Ozaukee

CHECK ONE: ☒ Town ☐ Village ☐ City

NAME: Cedarburg

2. LOCATION (Number and Street or ¼ section, section, township and range. Also give subdivision name, lot and block numbers when available)

NW ¼ OF SE ¼ OF SEC. 35 T 10 NR 21 E

3. OWNER AT TIME OF DRILLING

E. Kiesow

4. OWNER'S COMPLETE MAIL ADDRESS

R 2 Cedarburg, Wis.

5. Distance in feet from well to nearest: (Record answer in appropriate block)

BUILDING	SANITARY SEWER C. I.	SANITARY SEWER TILE	FLOOR DRAIN C. I	FLOOR DRAIN TILE	FOUNDATION DRAIN SEWER CONNECTED	FOUNDATION DRAIN INDEPENDENT	WASTE WATER DRAIN C I.	WASTE WATER DRAIN TILE
11								

CLEAR WATER DRAIN C. I.	CLEAR WATER DRAIN TILE	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
		65			75				

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: House

7. DRILLHOLE

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	Surface	41	6	41	132

8. CASING, LINER, CURBING, AND SCREEN

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well cas.	Surface	41

9. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
Cement	Surface	41

10. FORMATIONS

Kind	From (ft.)	To (ft.)
Sand	Surface	17
Limestone	17	132

Well construction completed on 5/3/67 19

Well is terminated 10 inches ☒ above ☐ below final grade

Well disinfected upon completion ☒ Yes ☐ No

Well sealed watertight upon completion ☒ Yes ☐ No

11. MISCELLANEOUS DATA

Yield test: 6 Hrs. at 12 GPM

Depth from surface to normal water level 20 ft.

Depth to water level when pumping 40 ft.

Water sample sent to Madison laboratory on: 5/3/67 19

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, subsurface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE: Robert Demerath Registered Well Driller

COMPLETE MAIL ADDRESS: 631 South Wash. Ave. Cedarburg, Wis.

Please do not write in space below

COLIFORM TEST RESULT	GAS — 24 HRS.	GAS — 48 HRS.	CONFIRMED	REMARKS
OZ 6578				