Wel 6

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH OZ-3160

See Instructions on Reverse Side

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

2. Location NW ¼ OF SE ¼ OF SEC. 35 T 10 NR 21 E
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☒ or Agent ☐ Orrin Hammetter
Name of individual, partnership or firm

4. Mail Address Cedarburg, Wisconsin
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	46	6	46	127

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# well Cas.	0	46

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement Grout	0	46

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Ground	0	2
Limestone	2	127

RECEIVED
OCT 19 1960
SANITARY ENGINEERING

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 10 GPM.

Depth from surface to water-level: 10 ft.

Water-level when pumping: 35 ft.

Water sample was sent to the state laboratory at: Hartford (City) on Oct 11 1960

Construction of the well was completed on: October 10, 1960 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 ____

Signature [signature] Registered Well Driller — 631 South Wash. Ave. Cedarburg, Wis. Complete Mail Address

Please do not write in space below

Rec'd OCT 11 1960 No. 39634

Ans'd ____

Interpretation SAFE—BACTERIOLOGICALLY

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.					
48 hrs.					
Confirm					
B. Coli	0				

Examiner ____

OZ 6 5 7 9