WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Wel 6

See Instructions on Reverse Side

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

2. Location SW¼ OFNE ¼ OF SEC. 35 T 10 NR 21 E
Name of street and number of premise or Section, Town and Range numbers

RECEIVED

3. Owner ☒ or Agent ☐ A. John Freeman
Name of individual, partnership or firm

4. Mail Address Cedarburg, Wis.
Complete address required

SANITARY ENGINEERING

5. From well to nearest: Building 13 ft; sewer ____ ft; drain ____ ft; septic tank ____ ft; Not installed
dry well or filter bed ____ ft; abandoned well ____ ft.

6. Well is intended to supply water for: House

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	42	6	42	170

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# well cas.	0	42

9. GROUT:

Kind	From (ft.)	To (ft.)
cement grout	0	42

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sandy clay	0	27
Limestone	27	170

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 15 GPM.

Depth from surface to water-level: 48 ft.

Water-level when pumping: 70 ft.

Water sample was sent to the state laboratory at:

Madison (City) on August 10 1964

Construction of the well was completed on:

8/10/64 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 Robert Demeratt (Registered Well Driller) 631 South Wash. Ave. Cedarburg, Wis. (Complete Mail Address)

Please do not write in space below

Rec'd AUG 11 1964 No. 37410

Ans'd AUG 13 1964

Interpretation SAFE—BACTERIOLOGICALLY

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

Examiner ____

OZ6604