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)

2. Location SW¼ OF NE¼ 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 ☐ Robert Biegert
Name of individual, partnership or firm

4. Mail Address Cedarburg, Wisconsin
Complete address required

5. From well to nearest: Building 12 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	43	6	43	175

8. CASING AND LINER PIPE OR CURBING:

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

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	43

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Stony Clay	0	27
Limestone	27	175

RECEIVED
JUN 29 1961
SANITARY ENGINEERING

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 14 GPM.

Depth from surface to water-level: 45 ft.

Water-level when pumping: 60 ft.

Water sample was sent to the state laboratory at: Madison (City) on June 21 19 61

Construction of the well was completed on: June 21, 1961 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, Wisconsin
Complete Mail Address

Please do not write in space below

Rec'd JUN 22 1961 No. 21993

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 ____

0Z6605