

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

Vol. 6

See Instructions on Reverse Side

MAR-3-1964

1. County Crawford Town Village Ferryville City Check one and give name

2. Location Lot 2 - Block 5 - City Ferryville
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Elvira Smith
Name of individual, partnership or firm

4. Mail Address Ferryville wis
Complete address required

5. From well to nearest: Building 6 ft; sewer _____ ft; drain _____ ft; septic tank 80 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.)
5"	top	97 ft			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	15# steel	top	73-5"

9. GROUT:

Kind	From (ft.)	To (ft.)
None		

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sand + gravel		
pipe driven	60 ft	
bedstone	60	97 ft

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 8 GPM.

Depth from surface to water-level: 20 ft.

Water-level when pumping: 30 ft.

Water sample was sent to the state laboratory at:

Madison on 7/26 1964
City

Construction of the well was completed on:

7/24 1964

The well is terminated 18 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 Edwin Wmeyer
Registered Well Driller

New Alb. Iowa
Complete Mail Address

Please do not write in space below

Rec'd **FEB 27 1964** No. 7801

Ans'd _____

Interpretation **UNSAFE—BACTERIOLOGICALLY**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. +

48 hrs. _____

Confirm +

B. Coli 5

5

Examiner _____