WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

OCT 22 1946

1. County Crawford — Town ☒ / Village ☐ / City ☐ Ferryville (Check one and give name)

2. Location R. 7-W [R6W??] Sec. 13 [?] T. 10N
Name of street and number of premise or Sec. Tn. and R. numbers

3. Owner ☒ or Agent ☐ Jack Hackett
Name of individual, partnership or firm

4. Mail Address Ferryville, 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: Farm and home use

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
8	0	75
6	0	154

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	(Wrought Iron)	0	85
	(galv.)		

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	85

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	20
Shale	20	65
Sand Rock	65	100
" "	100	154
Water Bearing		

11. MISCELLANEOUS DATA:

Yield test: ____ Hrs. at ____ GPM.

Depth from surface to water: 104 ft.

Water-level when pumping: 50 ft.

Water sample sent to laboratory at La Cross, Wisconsin on March 30 19 46

Construction of the well was completed on March 30 19 46

The well is terminated 12 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 Jim Parkhurst
Registered Well Driller

Jim Parkhurst

Elroy, Wisconsin
Complete Mail Address

Box 157

1022