

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

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

2. Location Part Sec 27 - Township 11 N. R. 6 West
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Harry Arnold
Name of individual, partnership or firm

4. Mail Address Messiah Place
Complete address required

5. From well to nearest: Building _____ ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft. There were no buildings or tanks

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	top	54	6"	54	101

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Steel 19.45 lb	top	54

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	54	30
Clay	30	top

11. MISCELLANEOUS DATA:

Yield test: 17 Hrs. at 15 GPM.

Depth from surface to water-level: 67 ft.

Water-level when pumping: 67 ft.

Water sample was sent to the state laboratory at:

Madison on 6/1 1958
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Shale	top	40
Sandstone	40	101

Construction of the well was completed on:

6/10 1958

The well is terminated 6" 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 W. Meyer
Registered Well Driller

New Albion, Iowa
Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____