

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Lot 3-4-5- Block 1-3 (10N, 6W)
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Herman Biggers + Mable Perch
Name of individual, partnership or firm

4. Mail Address Ferryville wise
Complete address required

5. From well to nearest: Building 20 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: Tavern + Restaurant

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	top	51	4"	top	84

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11 #	top	84

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	top	51

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 5 GPM.

Depth from surface to water-level: 35 ft.

Water-level when pumping: 60 ft.

Water sample was sent to the state laboratory at:

Madison on 2/16 1960
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sandstone	top	81
		84

RECEIVED

FEB 22 1960

SANITARY ENGINEERING

Construction of the well was completed on:

2/10 1960

The well is terminated 12 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

News alb. Ga Bx 55
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 _____