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

|  |  |            |              |  |                                       | 00         | 10%  |
|--|--|------------|--------------|--|---------------------------------------|------------|--|
| 1. Co  | unty Crawford                                |            |              | Town Village                           | Ferryville Check one an               |            | 1947   |
| _, _,  | _  | •          |              | City                                   | Check one an                          | _          |  |
| 2. Lo  | Location On Hy. 35, Ferryville,              |            |              | ·                                      |                                       |            | R6W  |
| 2 Om   | ner 🖪 or Agent 🖂 💴                           |            |              |  |                                       | -          | •  |
| 9. UW  | ner (*) or ukens [1                          |            | Name o       | f individual, partn                    | ership or firm                        |            |  |
| 4. Ma  | il Address <u>La Cros</u>                    | s, Wis     |              |  |                                       |            |  |
|  |  | 35         |              | plete address requ                     | •                                     |            |  |
| 5. Fr  | om well to nearest: Buil                     | ding       | ft; sew      | erft; d                                | rainft; sep                           | tic tank   | ft;  |
| dry  | well or filter bed                           | ft; aba    | ndoned well  | lft.                                   |                                       |            |  |
| 6. We  | all is intended to supply v                  | water for: | R            | esort , Su                             | mmer Cabin                            |            | -  |
| 7. DR  | ILLHOLE:                                     |            | o (ft.)      | 10. FORMA                              |                                       |            |  |
| Dis. (in.)   | From (ft.)                                   | 22         |              | · · ·                                  | Kind .                                | From (ft.) | To<br>(fb)   |
| 6  | 22   | 33         |              | Shale                                  | Rock                                  | 0          | 50   |
|  |  | -          | <del></del>  | II ——————————————————————————————————— | Rock                                  | +50        | 95   |
| <del></del>  | <u> </u>                                     | _          |              | <u> </u>                               | · - <u></u>                           |            | <del></del>  |
| ·  |  | _          |              |  |                                       |            |  |
| 8, CA  | SING AND LINER PIP                           | E OR CUI   | RBING:       |  | <del></del>                           |            | <del>* · · · · · · · · · · · · · · · · · · ·</del> |
| 6  | Wrought Iron                                 | 0          | 33           | i                                      |                                       |            |  |
|  | "+ 0 a 6 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 | <u> </u>   |              | <del></del>                            |                                       | . <u>-</u> |  |
| •  |  | ·          |              | ļ. <del></del>                         |                                       |            |  |
| • •  |  |            | <u></u>      | <del></del>                            | · · · · · · · · · · · · · · · · · · · |            |  |
|  |  | -          | <del> </del> | <u> </u>                               | · · · · · · · · · · · · · · · · · · · |            | <del> </del>                                       |
| 9. GROUT: Kind   |  | From       | To (ft.)     |  |                                       |            |  |
| Mudded Clay  |  | (ft.)      | 33           | ·                                      |                                       | <u> </u>   |  |
| madaca oray  |  | ·          | <u> </u>     |  |                                       |            |  |
|  |  | -          |              | ∥                                      |                                       |            |  |
|  | · · ·  | ·          |              | <b></b>                                |                                       |            |  |
|  |  | <u></u>    |              |  | <del></del>                           | <u> </u>   | ļ  |
|  | SCELLANEOUS DATA                             |            |              | <b>.</b>                               |                                       |            |  |
|  | est: Hrs. a                                  |            |              |  | of the well was co                    | -          |  |
| Depth  | from surface to water: .                     |            | ft.          |  | terminated                            |            |  |
| Water-   | level when pumping:                          | 30         | ft.          |  | low [] the permane                    |            |  |
|  |  |            |              | Was the we                             | li disinfected upon                   | -          | _  |
| Water sample sent to laboratory at La Cross Wisconsin July 11 46 |  |            |              | Yes NoX                                |                                       |            |  |
|  | on   |            | _ 19         | Was the we                             | ll sealed watertight                  |            |  |
|  | 11. 10                                       | 00         | 8            |  | Yes3                                  | No         |  |
| Signat   | Registered Well Dr                           | ehm        |              | Elro                                   | y. Wisconsin                          |            |  |
|  |  |            |              | _                                      | Complete Mail Ad                      | ICTORN     |  |
| Jim Ferkhurst  |  |            |              | Bo                                     | x_157                                 |            |  |