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

| SEP                  | 26         | 1946  |
|----------------------|------------|-------|
| $\cup$ L $\setminus$ | <b>4</b> U | 1.74n |

| 1. Cou                                       | nty(          | Crawford                 |   |             | (Xown<br>Village                      | Ferryville                                  | Wis.           | V              |
|--|---------------|--------------------------|---|-------------|---------------------------------------|---|----------------|----------------|
| 2. Location Village Of Ferryville            |               |                          | (XXty<br>e                                      |             | ION R                                 | 6ω  |                |                |
|  |               |                          |   |             |                                       |   |                |                |
| 3. UWI                                       | ier or wiken  | rt <u>Fear</u><br>Ferryv | ille,   | Wiscons     | in                                    |   | *              |                |
| 4. Ada                                       | ress          |                          |   |             | · · · · · · · · · · · · · · · · · · · |   |                | <b></b>        |
|  |               |                          |   |             |                                       | t; drainft; sep                             | otic tank      | ft;            |
| •  |               | r bed                    |   |             |                                       |   |                |                |
| 6. Wel                                       | I is intended | d to supply wa           | ater for:                                       |             | sidence                               |   | - <del>-</del> |                |
| •  | LLHOLE (      | OR EXCAVA                | TION:   | (ft.)       | 10. FOR                               | MATIONS:                                    | Thick-         | Total          |
| 8  |               | 0                        | 50  |             |                                       | Kind  | ness<br>(ft.)  | Depth<br>(ft,) |
| 6  |               | 50                       | 82  |             | Sandy                                 | Seil  | 50             | 50             |
|  |               |                          |   |             | <del></del>                           | e Sand Rock                                 | 32             | 82             |
|  |               |                          | _   |             | (W                                    | ater Bearing)                               |                | <del></del>    |
|  | SING AND      | LINER PIPE               | OR CUR  | BING:       |                                       |   | <u> </u>       |                |
| Dia.<br>(in.)                                |               | Kind                     | From<br>(ft.)                                   | To<br>(ft_) | ,, <u></u>                            |   | -              | :<br>          |
| 6 Standard Weight                            |               | _ <del></del>            |   | <del></del> |                                       | _   |                |                |
|  | Frought       | Iron Pip                 | e 0   | 52          |                                       |   |                |                |
|  |               |                          |   |             | _ <del>-</del>                        |   |                |                |
|  |               |                          | _ <b></b>                                       |             | <del></del>                           |   |                |                |
| 9. GROUT:    From   To   (ft.)   (ft.)       |               | <del></del>              |   | -           |                                       |   |                |                |
| Pudded Clay                                  |               | y                        | 0   | 50          |                                       |   |                |                |
| ···  |               |                          |   |             | .— <u></u>                            |   | _              |                |
|  |               |                          |   |             |                                       |   |                |                |
|  |               |                          |   |             |                                       |   | <u> </u>       | \ <u></u>      |
| 11 MITC                                      | CRLLANE       | OUS DATA:                |   | ·           |                                       |   |                |                |
|  |               | Hrs. at                  |   | GPM.        | Construc                              | ction of the well was c                     | ompleted (     | on             |
|  |               | e to water:              |   |             | Jul                                   | <u>J</u> 24                                 |                | 1946           |
|  |               |                          |   |             |                                       | is terminated In 1:<br>(below) the permanen |                | inches         |
| Water-l                                      | evel when p   | oumping:                 |   | IL.         |                                       | well disinfected upon                       |                | on?            |
| Water sample sent to laboratory at La Cress, |               |                          | Yes_A No  |             |                                       |   |                |                |
| Wisconsin. on July 25 19 46                  |               |                          | Was the well sealed watertight upon completion? |             |                                       |   |                |                |
|  | _             |                          | 011   |             |                                       | . Yes                                       | X              | )              |
| Signature Line Joshhurs                      |               |                          | Reute 1 . Bex 157  Complete Mail Address        |             |                                       |   |                |                |
|  |               |                          | Elroy , Wisconsin.                              |             |                                       |   |                |                |
| Jim Parkhurst                                |               |                          | 277 03 3 MTOOOTTOTILE                           |             |                                       |   |                |                |