

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Washington Town Richfield
 Village
 City Check one and give name: 79N R19E

2. Location W 1/2, NW 1/4 Sec. 11-9N-19E RECEIVED
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Mary Epling Estate NOV 11 1958
 Name of individual, partnership or firm

4. Mail Address R.R. 1 Richfield, Wis. ENVIRONMENTAL SANITATION
 Complete address required

5. From well to nearest: Building 15 ft; sewer None ft; drain None ft; septic tank None ft;
 dry well or filter bed None ft; abandoned well None ft.

6. Well is intended to supply water for: Home RECEIVED
 MAR 6 1959

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20	6	20	385

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
1	23 lbs. Steel	0	385

9. GROUT:

Kind	From (ft.)	To (ft.)
Full mud	0	383

11. MISCELLANEOUS DATA:

Yield test: 9 Hrs. at 17 GPM.
 Depth from surface to water-level: 61 ft.
 Water-level when pumping: 61 ft.
 Water sample was sent to the state laboratory at:
Madison on Nov 3 1958
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Stony Clay	0	20
Sand & Gravel	20	34
Quick Sand	34	170
Gray sand	170	225
Hard Pan	225	234
Sand	234	265
Hard Pan	265	290
Sand	290	383
Gravel	383	385

Construction of the well was completed on:
11-3-58 1958

The well is terminated 8 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 Eugene Brown Registered Well Driller
 Complete Mail Address R/Box 55 Menomonee Falls Wis

Rec'd NOV 4 1958 No. 36202

Ans'd _____
 Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 0
 Examiner _____