### APPENDIX J

**Private Well Construction Logs** 

14/15/00/	NSIN UNIQUE WELL N	II IMDED				State of V	Wi-Private Wa	ter Systems-DG/2		Form 33	00-77A
SOURC	E: GRN NO DETAI			BE69	95	Departme Madison	(Rev 12/				
Property Owner	ALLIS CHALMERS		elephone amber	-		1. Well	Location			epth 1600	FT
Mailing Address 9	9180 5TH AVE					of	T=Tov	vn C=City V=V	illage	Fire#	
	DAK CREEK	State WI	Zip Cod	le 531	54	treet Ad 09180		d Name and Nui AVE	mber		
County of 41	Well Location SE	Co Well Permit No W	WCII C	ompletion l		Subdivis	ion Name	Lot#		Block #	
Well Cor	MILWAUKEE nstructor	License #	Facility ID (	nuary 2, (Public)	1960	Gov't Lo Section		or <b>NE</b> 1 <b>5</b> N R 2	/4 of <b>S</b>	<b>W</b> 1/4 of	
Address			Public Well	Plan Appı	oval#	Latitude Longitud	Deg.	Min. Min.			
City	State	Zip Code	Date Of Ap	proval		2. Well '			New	Lat/Long N	/lethod
Hicap Wel	ll# Comn FIRE	non Well #			gpm/ft	3=Re of previou	-	# coi	nstructed in		
. Well Serv		ant, church, school,	industry, etc.)	High Ca <sub>l</sub> Well?		Reason f	for replaced o	or reconstructed	Well?		
	Munic O=OTM N=NonCom P=Pri NonPot A=Anode L=Loop H=Drill		•	Property	?	1=	=Drilled 2=Dri	ven Point 3=Jetteo	l 4=Other		
: :	<ol> <li>Building Overhang</li> <li>1=Septic 2= Holding</li> <li>Sewage Absorption Unit</li> <li>Nonconforming Pit</li> <li>Buried Home Heating Oi</li> <li>Buried Petroleum Tank</li> </ol>	il Tank	13. 14. 15.	Building Se 1=Ca Collector S	rain on or Plastic ewer 1 ast Iron or P ewer: t	c 2=Oth =Gravity lastic 2=0	2=Pressure Other	20. Silo 21. Barn Gu 22. Manure  1 23. Other m 24. Ditch 25. Other N	Pipe =Cast iron anure Stora		
	8. 1=Shoreline 2= Swin		16.	Clearwater		0					<b>T</b>
Dia.(in.)	2. Rotary 3. Rotary 4. Drill- 5. Reve 6. Cable	d Drillhole y - Mud Circulation y - Air y - Air and Foam Through Casing Ha	  mmmer dia		Geology Codes	8. Type,		Geology ving, Color, Hardi	ness, etc	From (ft.)	To (ft.)
	Remo	oved?	m. dia.	_ depth ft.							
Conin a Li	Other		F.	<b>T</b>							
Dia. (in.)	iner Screen Material, Weight, Manufacturer & Met		From (ft.)	To (ft.)							
16.0			surface	190							
					9. Statio	feet Test		nd surface B=Below	Well Is: ineloped?	Gra . A=Above E	
Dia.(in.)	Screen type, material &	z siot size	From	То	Pumpii Pumpii	ng level ng at	ft. below GP	Surrace	nfected? ped?		
7. Grout or	l r Other Sealing Material		1	#	_		he owner of th	e need to permane	ently abando	on and fill all	
0104101			From T-	#			property?	•	•		

		surface	13. Initials of Well Constructor or Supervisory Driller	Date Signed
			Initials of Drill Rig Operator (Mandatory unless same as above)	Date Signed
Additional Comments? Owner Sent Label?	Variance Issued? More Geology?	•	Ва	itch

14/15000	NSIN UNIQUE WELL N	WWDED.				State of V	Wi-Private Wat	er Systems-DG	4/2	Form 33	] :00-77 A
SOURC	E: GRN NO DETA	IL		<b>BH6</b>	51	Departme	ent Of Natural I , WI 53707			(Rev 12)	
Property Owner	ST MATTHEWS SCHO		lephone ımber	-		1. Well	Location			epth	FT
Mailing Address 9	303 S CHICAGO RD					of	T=Tow	n C=City V=	Village	Fire#	
City C	DAK CREEK	State WI	Zip Cod	le 531	54	treet Ad	dress or Road	Name and N	lumber		
County of 41	Well Location SE MILWAUKEE	Co Well Permit No W	WCII C	ompletion I		Subdivis	ion Name	Lo	t#	Block #	
Well Cor		License #	Facility ID (		1960	Gov't Lo Section		or <b>NW 5</b> N R	1/4 of <b>22 E</b>	1/4 of	
Address			Public Well	Plan Appı	oval#	Latitude Longitude	Deg.	Min. Min.			
City	State	Zip Code	Date Of Ap	proval		2. Well 7	Type placement		=New	Lat/Long l	Method
Hicap Wel	II # Comn 61-0	non Well # 49			gpm/ft	3=Re of previou	construction is unique well #	# c			
. Well Serv		ant, church, school,	industry, etc.)	High Ca <sub>l</sub>		Reason f	or replaced o	r reconstructe	d Well?		
	Munic O=OTM N=NonCom P=Pri NonPot A=Anode L=Loop H=Dril			Property	?	1=	Drilled 2=Driv	ven Point 3=Jet	ted 4=Other		
: :	<ol> <li>Building Overhang</li> <li>1=Septic 2= Holding</li> <li>Sewage Absorption Unit</li> <li>Nonconforming Pit</li> <li>Buried Home Heating Of</li> <li>Buried Petroleum Tank</li> </ol>	il Tank	13. 14. 15.	Building So 1=Ca Collector S	rain on or Plasti ewer 1 ast Iron or F ewer:	c 2=Oth =Gravity lastic 2=0	2=Pressure Other	24. Ditch	re Pipe 1=Cast iron manure Stora		
1	8. 1=Shoreline 2= Swin	mming Pool	16.	Clearwater	Sump			23. Other	NK 612 Was	le Source	
Dia.(in.)	urface 2. Rotary	d Drillhole y - Mud Circulation y - Airy - Air and FoamThrough Casing Ha			Geology Codes	8. Type,	Caving/Noncav	Geology ving, Color, Ha	rdness, etc	From (ft.)	To (ft.)
	6. Cable	e-tool Bit in.  o. Outer Casing  oved ?									
	Other										
Casing Li Dia. (in.)	iner Screen Material, Weight, Manufacturer & Met		From (ft.)	To (ft.)							
\.		. ,	surface								
					9. Statio	e Water Lo		nd surface B=Below	in the serve of th	Gra a. A=Above l	ade B=Belov
Dia.(in.)	Screen type, material &	z slot size	From	То	_	ng level	ft. below GP	Surrace	isinfected? apped?		
7. Grout or	l r Other Sealing Material		-	#	12. Did y	ou notify t	he owner of the		nently aband	on and fill all	
	1		From To	# Sacks		ells on this		*	-		

		surface	13. Initials of Well Constructor or Supervisory Driller	Date Signed
			Initials of Drill Rig Operator (Mandatory unless same as above)	Date Signed
Additional Comments? Owner Sent Label?	Variance Issued? More Geology?	•	Ва	itch

						I a cm	W. D W .	G	G./2	F 22	00.55.
SOURC	NSIN UNIQUE WELL I E: GRN NO DETA			GM8	02	Departme	Vi-Private Wat ent Of Natural l WI 53707			Form 33 (Rev 12)	
Property Owner	JAMES BRANSKI		lephone umber 414	<b>–</b> 762	4666		Location			epth	FT
Mailing Address 9	212 S 8TH AVE					of	T=Tow	n C=City V	=Village	Fire#	
O.1	DAK CREEK	State WI	Zip Cod	le 531	54	treet Ad	dress or Road	Name and	Number		
County of 41	Well Location SE MILWAUKEE	Co Well Permit No W	Well Co	ompletion l	Date	Subdivisi	on Name	L	ot#	Block #	
Well Con		License #	Facility ID (	(Public)		Gov't Lo Section			1/4 of <b>22 E</b>	1/4 of	•
Address			Public Well	Plan Appı	oval#	Latitude Longitud	Deg. le Deg	Min Mir			
City	State	Zip Code	Date Of Ap	proval		<b>2. Well</b> 7 2=Re	Type placement		1=New m 12 below)	Lat/Long l	Method
Hicap Wel	II# Comm	non Well #			gpm/ft	3=Re of previou	construction is unique well #	#	constructed ir		
Well Serv		ant, church, school,	industry, etc.)	High Ca <sub>l</sub>		Reason f	or replaced o	r reconstruct	ed Well?		
	Munic O=OTM N=NonCom P=Pri NonPot A=Anode L=Loop H=Dril	vate Z=Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Property	?	1=	Drilled 2=Driv	en Point 3=Je	etted 4=Other		
2	<ol> <li>Building Overhang</li> <li>1=Septic 2= Holding</li> <li>Sewage Absorption Unit</li> <li>Nonconforming Pit</li> <li>Buried Home Heating Of</li> <li>Buried Petroleum Tank</li> <li>1=Shoreline 2= Swin</li> </ol>	il Tank	13. 14. 15.	Building So	rain on or Plasticewer 1 sst Iron or P ewer: t	c 2=Oth =Gravity 2 lastic 2=C	2=Pressure Other	24. Ditc	ure Pipe 1=Cast iron r manure Stora		
	e Dimensions and Constru	0	10.	Crear water	Geology	8.		Geology		From	To
Dia.(in.)	From To	Drillhole y - Mud Circulation y - Airy - Air and Foam Through Casing Ha	mmer	- 	Codes		Caving/Noncav		ardness, etc	(ft.)	(ft.)
G : I:	Other		-								
Dia. (in.)	iner Screen Material, Weight, Manufacturer & Met		From (ft.)	To (ft.)							
6.0			surface		9. Static	Water Le		nd surface B=Below		Gran. A=Above I	
Dia.(in.)	Screen type, material &	z slot size	From	То	<b>-10. Pum</b> p Pumpi Pumpi	ng level	ft. below	surface I	Developed? Disinfected? Capped?		
7. Grout or	r Other Sealing Material		From	#			he owner of the	e need to perm	anently aband	on and fill all	
Method	l Kind of Sealing Material		From (ft.) To (ft.)	Sacks Cement	unused we	ells on this	property?				

		surface	13. Initials of Well Constructor or Supervisory Driller	Date Signed
			Initials of Drill Rig Operator (Mandatory unless same as above)	Date Signed
Additional Comments? Owner Sent Label?	Variance Issued? More Geology?	•	Ва	itch

	WELL C	ONSTRUCTOR			VISCONSIN STATE BOARD OF son Reverse Side	HEALTH	1
1. Cour	nty	Miles		garanter and the state of the s	Town Oak Cu	الكالم	/
2. Loca	ition	Ky 42			Carphille / Sec	. 23?	
-†-3, -Own	er or Ag	' \ ent	S.	الميد		~ R226	
	ress				0 .		
			ing/	15 ft: sev	verft; drainft; sep	itic tank	f+ .
		ter bed				,vio banne.	
6. Well	is intend	led to supply wa	ater fo	r:	home		
		OR EXCAVA	TION:	To (ft.)	10. FORMATIONS:		
- /n	(in.)		-	<u> </u>	Kind	Thick- ness (ft.)	Total Depth (ft)
10	ø .	50	Ź	10	top sail red clay	0	25
					delu ely	22	120
		** 14			Sand	120	160
8. CAS	SING ANI	LINER PIPE	OR CU	JRBING:	- Charles	160	173
(1	pil	42.	۵	725	limetore	175	410
	17						
- -			<del> </del>				
9. GRO	Find		From (it.)	To (ft.)			·
me	ed		2)	125			
- *#### 1			<del>-</del>				
, <del>2000 - 1000 -</del>	<del>~</del>						
		EOUS DATA:	10	; GPM.	Clamphon 48 m 48 41 m 11		
-			0		Construction of the well was co	mpleted of	19
		ce to water:	102	ft.	The well is terminated		_ inches
-		F		ft.	(above) (below) the permanen Was the well disinfected upon	-	n?
Water 88	ample sen	t to laboratory		-		No.	
		on /// 04	19	19	Was the well sealed watertight	1	
Signatur	e La	O Mas			1st 1- Pulas	No.	
Signatur	Reg	istered Well Dyll	er		Complete Mail Ad	21 ORE	
		~					

WELL CON			SCONSIN STATE BOARD ( on Reverse Side	REC	E I
en e	ि स्थान स्थान		· · · · · · · · · · · · · · · · · · ·		ナハ
			(Town K Onle Crock	JAJ	1 3 194
	<u>(aukee , , , , , , , , , , , , , , , , , , </u>	***	Village - Oak Offer	·	/
3 5		of Treto	City Check one rsection of Rt. 42 a	and give man	OF EA
2. Location - 9	Name of at	eet and numb	er of premise or Sec. Tn. and R. nur	nbers	
3. Owner Klor Ag	•				
3. Owner 🛂 or Ag	rent 🔲 🕒 Emma. Jat	Name of	individual, partnership or firm		
4. Mail Address	Rt.1-Box	26 B-So.	Milwaukee, Wis. Post	Office	
		Comp	léte address rèquired		
5. From well to no	earest: Building 12	ift: sewe	rxft; drainxft;	septic tank	ft
•	_	-	bored well	-	
dry well or filter	r bedt; aban	doned well	_ <u>_</u>		
6. Well is intended	to supply water for:		ouse		
Ţ, DŖĮĻLHOLĘ:	<i>មាលាធំ សា ៤១</i> ។	ا مدر ج	10. FORMATIONS:		
Dis (th.)	From (ft.)	((t.)	Kind	From (ft.)	To (ft.)
8	35			0	2
<u> </u>	35 218	3	top soil		· · · · · · · · · · · · · · · · · · ·
			blue clay(dry)	2	190
		3,3 1	top of rock		
8 CASTNG AND	LINER PIPE OR CUR	RING.	grey limestone	190	_ 218
Dia.	ind (it.)	To (ft.)			
			No. 24-L Bucyrus ma	chine use	ed
6 Seamless	5/16 wall 0	190	Wm.Warfield, drille		
Larkin (Texas	Shoe)		wm.warrierd, driffe	4 • •	
The Property of the Control of the C		<del></del>			<u></u>
**************************************					<u></u>
9. GROUT:	<b></b> .				
Kind	From (ft.)	Tô (ft.)			
ague Jel	land biclay				
a,	0	190			
-					
······································		<del></del>	- <del></del>		<u> </u>
		<del></del>	<del></del>		
11. MISCELLANEO	OUS DATA:				
Yield test:3	Hrs. atl2	GPM.	Construction of the well was January 11/4	completed of	on
Depth from surface	to water:75				10
			The well is terminated	U 	inches
	ımping: 75		above, below the perm		
Water sample sent	to laboratory akenos	ha	Was the well disinfected up	on completic	on ?
	_			No	
	on an12/49_	19	Was the well sealed waterti		
		<b>.</b>		No	
Signature		rilling	Co. Post Box 181-De	<i>/</i> \	4 - ET.
				( A 3 E A	
on one was in the	ered Well Driller		Complete Mail	Address	

	wcl 6
	VISCONSIN STATE BOARD OF HEALTH s on Reverse Side
mil	A = 0
1. County	Village DORO DEGE IVE
Sec 23, TSN R22E	(City Check of MAY 233 10c c
2. Location Name of street and number of promise	be of Scilon Town and Range numbers
	**************************************
3. Owner or Agent \( \sum_{\text{Name of individual}} \)	Millman
7 / A C	7 + D
4. Mail Address 2409 E Complete ad	all Xid.
	oress regarded
5. From well to nearest: Building_/_ft; sewer_c	30_ft; drain_3_ft; septic tank_50_ft;
dry well or filter bed \$22_ft; abandoned well_	ft
	<i>1</i> /
6. Well is intended to supply water for:	Home
7. DRILLHOLE:	10. FORMATIONS:
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	From To (ft.) (ft)
9 0 30	12. 1. 1. 1 Mar 0 30
	fragilia 0 20 110
	glay 0 30 110
8. CASING AND LINER PIPE OR CURBING:	Clay Faranel 1/0 130
Dia. (in.) Kind and Weight From (ft) To (ft.)	greand+ And 150 165"
6 Stulph 1945# 0 184	1/15/190
	1 - 6 100 10H
	Mae Just 180 189
	lime Stant 184 210
9. GROUT:	
Kind From (ft.) To (ft.)	
Muddled Clay 0 50	
	Construction of the well was completed on:
	4/30 155
11. MISCELLANEOUS DATA:	192
Yield test: GPM.	The well is terminated inches
70	above, below the permanent ground surface
Depth from surface to water-level:ft.	Market and the second
Water-level when pumping:ft.	Was the well disinfected upon completion?
•	YesNo
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion
Madisan on 5/A 1955	
City	YesNo
	all last Mil. 1.0
	24. No. 18 th Milwanker
Registered Well Driller	Complete Mail Address
<del></del>	10 ml 10 ml 10 ml 10 ml 10 ml
Rec'dNo	TO HIL TO HIL TO HIL TO HIL TO MI
Ans'd	Gas—24 hrs
	40 1
Interpretation	48 hrs.
	Confirm

B. Coli

### WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH Wel 6 See Instructions on Reverse Side

1. Cou	inty		Milwa	ukee		Town X	]Oak	Creek			
2. Loc	ation			R22E		City [		Check one	**		
3. Ow	ner 🔣 or			y Behr	ing	, partnership o					
4. Mai	l Addres	5 <b>5</b>	91:		Chicago	Rd. So.		ı <u>kee,</u>	Wis.		
5. Fro	m well to	nearest	: Buildir	ng15_	.ft; sewer	ft; dra	in	ft; septic	c tank	ft	;
dry	well or	filter bed	f	t; aband	oned well	ft		**			
	ll is inter ILLHOL		upply w	ater for	:	Home					
	From (ft)		Dia. (in.)	From (ft.)	To (ft.)	10. FOR	MATION Kind	S:		From (ft.)	To (ft)
10	0	25					Clay	, ,		0	150
	25	157					Grav			150	157
8. CA	SING A	ND LIN	ER PIPI	e or ci	URBING:						
Dia. (in.)	<del></del>	ind and Weigl	ht	From (ft)	To (ft)		DE	CEL	3 P P P		
	Stee]	<u>.                                    </u>		0	157				W L	_	
	 						اگرسم	N 18	1961		<del></del>
9. GR	OUT:			<u> </u>	•		de grande de la constitución de la				
	Kii	nd		From (ft.)	To (ft.)		<del>"SA</del> ENG	<del>N:T</del>	AFIY	N G	<del></del>
	Clay			0	25	J. J. Jacobson					
						Construc	tion of th	e well wa	as comp	leted or	1:
11. M	IISCELL	ANEOU	S DATA	۱:	por	<b>-</b>	1	/10			19.61_
Yield te	est: _ <b>_36</b>	I	Hrs. at .	5	GPM.	1	is termin				
Depth f	rom surí	face to w	ater-leve	el:	70/ ft.	<b>≭</b> above,	below [	the perr	nanent ;	ground	surface.
	evel whe			į	/ ft	Was the	well disin	fected u	pon com	pletion	?
				•				Ye	8_X	No.	
water s <b>Madis</b>	_		_		atory at:	Was the	well seale	ed water	tight up	on com	pletion?
Macis	City	01	n1/	. <u>† 1</u>	_ 19 <u>61</u>			Ye	sx	No.	
Signatu	re Jak	MA	teste	nse i	4	Rt. 2	_Вож_1	76_Wat	erfor	d, W:	Ls
	/R	egistered `	Well Dril	le <b>r</b> Ple	ase do not wr	ite in space bel	Com	plete Mai	l Address	3	
Rec'd				No			10 ml	10 mì	10 ml	10 ml	10 ml
Ans'd			·			Gas-24 hr	3				
Interpreta	ation					48 hr:	5				
		·				Confir	m			+	
						B. Coli	*				
		1						Exami	ner		

?€	WELL CONSTI	CCTOR'S	REP( See Ii	ORT TO V	VISCONSIN ;	STATE Side	BOARD	OF HE	ALTE	I
<u> </u>	unty MILWA				(Town	) () 4 k	C.	سیرسید ۵	دسه	
			 د د	133	_{Village □ 4 		Check one	and give i	name	· <b></b>
2. Lo	cation 45_520	E of	nd nun	per of premi	se or Section, Tow	vn and Ra	Ma. a.f.		VA.	K R
3. Ow	vner or Agent	WM	Name	7/47	parthership or f	irm	<b>-</b>		<u>-</u>	-6-10
4. Ma	il Address 121	0 - 17	ァジ	Omplete ad	.501/	MILU	14.1. KI	<u> </u>	UFI	EAL
5. Fre	om well to nearest:	: Building	: <b></b>	ft; sewer_	ft; drain	n	ft; septic	tank	- <del>f</del> t	ENG
	y well or filter bed						_			
	ell is intended to s				•		-			
	RILLHOLE:			- <b>y</b> <u>-</u> y-	10. FORM	_				
Dia. (in.)	From (ft.) To (ft.)	Dia. (in.) Fro	om (ft.)	To (ft.)		Kind		F	rom (ft.)	To (ft.)
10	0 45				MAR	SHI	Muca		0	6
_6	45 205				PED	C	LAI	/	6	18
	ASING AND LINE	ER PIPE O	R CU	RBING:	BLU	<u> </u>	1,	1	81	164
Dia. (in.)	<del></del>		m (ft.)	To (ft.)	STON	<u> </u>		11	4	76
h 6	510. 5Th	EFL.	0_	179	BROK	EN	LIM	E /	16	179
1.7					LIM	E 57	DNE	= /;	19	205
	OUT						<del></del>			
9. GR	COUT: Kind	l Fron	n (ft.)	To (ft.)			<del></del>			
BIA	V SLUDD	<del></del>	0	45	<del></del>	<del></del>	·			<del></del>
, <del>, , , , , , , , , , , , , , , , , , </del>		-			Construction	on of th	e well was	s comple	eted or	ı:
11. 1	MISCELLANEOUS	S DATA:	- <del></del>	· · · · · · · · · · · · · · · · · · ·	VAN	1 2	3			19.5.
	est: <b>&amp;</b> F		10	СРМ	The well is			*		_ inches
	from surface to wa				above, b			anent g	round	
				-	Was the w	ell disin	fected up	on <b>c</b> omt	oletion	?
Water-	level when pumpir	ng: <b>Z</b>	<u> </u>	ft.			=			
_	sample was sent to	4		•	Was the w	ell seale				
-151	ENDSHA on	1. 1. A. A.	1.25	19 <u>52</u>				-		
	<i>a</i> 0	$\mathcal{D}$	7		1 ,	1	1 .	0 , 1	7	
Signatu	re Registered V	Well Driller	ns	RE	12808 [11	Com	plete Mail	Address	al	lis
,	- ( (0		•	1680	te in space below	10 ml	10 ml	10 ml	10 ml	10 ml
	1.2.3 (9.X)		B. I. A.		l					
*,	(-27-52)			•		/		,~~,		
Ans'd	1-27-52	• •			Gas—24 hrs.				<u>.</u>	
Ans'd		• •					0		<u>.</u>	
Ans'd	1-27-52	• •				0				<u> </u>

WELL CONSTRUCTOR'S REPORT TO W See Instructions	VISCONSIN STATE BOARD OF HEALTH on Reverse Side	W_
1. County Milwaukee	on Reverse Side  Town Village Och Crecks City Check one and give plant State 2375NR22t	10 E/1
2. Location American Aug Name of street and number of premis	St Sc 23T5NR22E	16 20 1956 NAJ 1956
3. Owner or Agent	Day Tyme an	A X CV X
4. Mail Address Carre VIIIC 1	U_1S	~~~~~
5. From well to nearest: Building_15_ft; sewer_	✓_ft; drain ✓_ft; septic tank 50 ft;	
dry well or filter bedft; abandoned well		
6. Well is intended to supply water for: 1404		
7. DRILLHOLE:	10. FORMATIONS:	m.
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From (ft)	To (ft.)
10 0 30	Cldy	40
6 30 180	Sand Loose 40	60
8. CASING AND LINER PIPE OR CURBING:	7me sand 60	80
Dia. (in.) Kind and Weight From (ft.) To (ft.)	Hearing Sand 80	VO 0
6 Black Steel 0 140	Hard Pack Sand 80	140
# Black Steel 120 180	Pipe Freeses Pack 140	178
	Sand	<del></del>
9. GROUT:	Water Bearing 178	180
Kind From (ft.) To (ft.)	Sand	
Clay Slorry 0 30	Construction of the well was completed on	•
11. MISCELLANEOUS DATA:	7/22	192
,	The well is terminated	
Yield test: Hrs. at GPM.  Depth from surface to water-level: ft.	The well is terminated &	inches surface.
	Was the well disinfected upon completion?	•
Water-level when pumping:ft.	Yes No	.==
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon comp	oletion?
Madison 7/22 1957	YesX No	
ACCOLATE DENIIME + BOM		
Signature	4023 N Newhall Mill address to in space below	-H-WIS
Rec'd No	10 ml 10 ml 10 ml 10 ml	10 ml
Ans'd	Gas—24 hrs	• • • • • • • • • • • • • • • • • • •
Interpretation	48 hrs.	
H 1940 ATA 1840 ATA 1841 ATA 1841 ATA	Confirm	
H		
	B. Coli	

WELL CONSTRUCTOR'S REPORT TO W   5½Sec 23 T SNR 2 2E See Instructions	VISCONSIN STATE BOARD OF HEACTH			
1. County Milwaukee	VISCONSIN STATE BOARD OF HEALTH on Reverse Side  Town Village City Check one and Rive name			
2. Location American Alle	10/20/ <sub>0</sub> ,			
Name of street and number of premis  3. Owner of or Agent	Deul Man			
	/			
4. Mail Address American Complete address	areas required			
· ·	ft; drainft; septic tankSoft;			
dry well or filter bedft; abandoned well	_			
6. Well is intended to supply water for:				
7. DRILLHOLE:	10. FORMATIONS:			
Din. (in.) From (it.) To (it.) Dia. (in.) From (it.) To (it.)	Kind (it.) (it.)			
10 0 40 4 140 180	C/dy 0 60			
6 40 140	Syn dy C/41 60 80			
8. CASING AND LINER PIPE OR CURBING:	Fine Sand 80 100			
Dia. (in.) Kind and Weight From (ft.) To (ft.)	Hard Pack Sand 100 140			
6 Block Steel 0 140	Pipe Freezes 4"			
4 Black Steel 120 180	Himr 0 140 180			
	Fine sand Turnine			
9. GROUT:	Course Water peak			
Kind From (ft.) To (ft.)	1716			
Clay Slurry 0 30	Construction of the well was completed on:			
11. MISCELLANEOUS DATA:	7/22 195/			
Yield test: & Hrs. at & GPM.	The well is terminated inches			
Depth from surface to water-level:6ft.	🛮 above, below 🗀 the permanent ground surface.			
Water-level when pumping:ft.	Was the well disinfected upon completion?  Yes No			
Water sample was sent to the state laboratory at:	,			
Madisen on 7/22 1951	Was the well sealed watertight upon completion?  Yes No			
According prilling + pom	9 (0			
Signature Medit Flease do not write in space below Complete Mail Address				
Rec'd No	10 ml 10 ml 10 ml 10 ml			
Ans'd	Gas-24 hrs.			
Interpretation	48 hrs			
THE NOTE OF THE CONTROL OF THE	Confirm			
M 1 3 2 0 3	B. Coli			

WELL-CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH						
1. County Milw	Town					
2. Location 2 less where of premise or Section Town and Range numbers # 100 Mo Number						
3. Owner   or Agent   Name of individual						
4. Mail Address Complete address required						
5. From well to nearest: Building 15_ft; sewerft; drainft; septic tankft;						
dry well or filter bedft; abandoned well_	ft,					
6. Well is intended to supply water for:  7. DRILLHOLE:	10. FORMATIONS:					
Dia. (in.)   From (ft.)   To (ft.)   Dia. (in.)   From (ft.)   To (ft.)	From   To (ft.) (ft.)					
10 0 40 6 40 280	12 Cal LAN'S a 20'					
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	De to the town of the					
C CACING AND I INED DIDE ON CUIDDING	asteel 32 180					
8. CASING AND LINER PIPE OR CURBING:  Dia. (in.)   Kind and Weight   From (ft.)   To (ft.)	Sande able 180 190					
	tust Pen 190 201					
6 Sted 20 0 201	- ximestone 201 280					
	RECEIVED					
9. GROUT:						
Kind From (ft.) To (ft.)						
much	SANITATION					
	Construction of the well was completed on:					
11. MISCELLANEOUS DATA:	4/20/59 19					
Yield test: 5 Hrs. at 15 GPM.	The well is terminatedinches					
. مد	□ above, below □ the permanent ground surface.					
Depth from surface to water-level: 130 ft.	Was the well disinfected upon completion?					
Water-level when pumping: 140 ft.	Yes No					
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?					
7/26/57 on19	Yes No					
Signature Registered Well Driller Please do not write in space below Complete Mail Address						
	10 ml 10 ml 10 ml 10 ml 10 ml					
Rec'd No						
Ans'd	Gas—24 hrs.					
nterpretation	48 hrs					
	Confirm					
	B. Coli					
-						

I. COUNTY	,	CO KEI OKI	·			ATE BOARD OF I	HEALTH			Wel
		'E'E		CHECK		NAM ge X City	TE AND CO	Isale	RECEN	Itim
2. LOCATIO	N (Number a	nd Street or !	section, sect	ion, township	and range.	ge X City Also give subdivision	DAK CK	numbers when	available.)	ED /
3. OWNER	AT TIME OF	DRILLING		u e	OR	CROCK	, W13, 1/51	V R22E	SEP -1	1966/
4 OWNER'S	S COMPLETE	S C MAIL ADD	HAN RESS	TZE	Ŋ	/ neur ce	nter SE4, Se	. 23	SAMIL	
5 Distance	SAME	AS A	BAUB		Virgi -	WER FLOOR DRAIN			ENGINEER	DVG
	e in teet tro nswer in appr				C. I.	LE C. I. TILE	FOUNDATION SEWER CONNECTED	N DRAIN INDEPENDE	WASTE WA	TILE
CLEAR WAT	TER DRAIN	SEPTIC TAN	K PRIVY S	SEEPAGE PI	25   T   ABSORP	75   TION FIELD   BARN	N   SILO TABANI	DONED WELL	SINK HOLE	<u> </u>
C. I.		sewer						$\overline{\nu}$		
OTHER POL	LUTION SOL	RCES (Give	description s	uch as dump	, quarry, dr	unage well, stream, po	ond, lake, etc.)			
6. Well is	intended	to supply	water for:			<u> </u>	····			
7. DRILLHO					IDENO					
Dia. (in.)	From (ft )	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	10. FORMATIC	DNS Kind		From (ft.)	To (ft.)
10	Surface	22				D to	h d . a.v		Surface	17
6	22	287					D CLAY	· · · · · · ·		
8. CASING	'		ND SCREEN	1	<u>. I</u>	- 13 L u	E CLAY		17	206
Dia. (in.)	. к	ind and Weigh	<u> </u>	From (ft )	To (ft.)	PoR	US LIMB	<u>-</u>	206	207
6	w Ro	OCHT		Surface	207	SOLI	Dhine		207	287
	IRON	PIPU	,							
		, ,								
										<del></del>
,										
9. GROUT	OR OTHER	SEALING	MATERIAL							
	Kin			From (ft.)	To (ft.)	-	<u> </u>			
CLOY	1 520	RRY		Surface	22					
		·				Well construct	ion completed or	. 1. 1.	7	19 66
11. MISCEL Yield test:	LANEOUS	DATA	Hrs. a		15 GPM			inches	above fi	nal grade
	7					Well disinfects	ed upon completi		, 20.011	
Depth from	surface to	normal w	rater level	12	<i>0</i> ft				∠ Yes	N₀
Depth to w			oing	137	ft	Well sealed w	atertight upon co	ompletion	<b>∠</b> Yes	☐ No
Water samp	ple sent to	M	01150	N			laboratory o	on: AUR.	29	1966
wells, scree	ens, seals,	type of c	asing join	ts, method	d of tinis	concerning diff	iculties encounte	red, and di used in g	ata relating routing, blas	to nearby
surface pur	iiprooms, a	iccess pils,	eic., snou	id be give	en on rev			<u> </u>		
J n	00	4	-			COMPLETE MAI	_			
Teo y.	Bla	unt	Reç	gistered W Please		vrite in space be	PRONFO AC	15 MI	L.W15. 5	7221
COLIFORM TE	EST RESULT		∫ GA	AS — 24 HRS.		AS — 48 HRS.	CONFIRMED	REMAR	iks	
		,			]					,
M L 3	- 2 _ 2 _ 1	· /								plot.

MAY 23 1940

### WELL CONSTRUCTION REPORT WISCONSIN STATE BOARD OF HEALTH WELL DRILLING DIVISION

Note: Section 32 of the Wisconsin Well Drilling Sanitary Code, having the force and effect of law, provides that within thirty days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board. Owner ST, MATTHEWS RECTORY Driller SCHMIDT BROSV Street or RFD SOUTH MILWAUKEE RL Post Office South MILWAUKEE, RI, BOX21 Post Office South MILWAUNEE Date MAY 21 1940 Permit No. 310

LOCATION OF PREMISES

MILWAUKEE OAK CREEK Town

The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section.

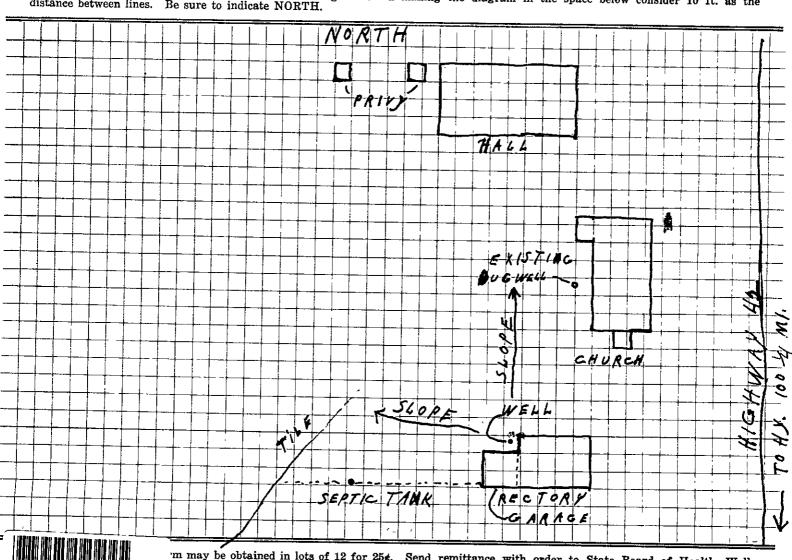
Describe further by subdivision, plat, district, lake, lot, ON HIGHWAY 42 - MMILE NORTH 100 block, nearest principal highway, etc., whichever apply.

Sec. 23 Twp. 5 Range 22 E

DIAGRAM OF PREMISES

near center Wa, SE4, Sec 23

See discussion and illustration in Part III Well Drilling Code. In making the diagram in the space below consider 10 ft. as the distance between lines. Be sure to indicate NORTH.



m may be obtained in lots of 12 for 25¢. Send remittance with order to State Board of Health, Well

## WELL LOG and REPORT

In this column indicate the kind of casing, liner, shoe and other accessories used.	WELL DIAGRAM Use a red line to show casing or liner pipe. Use black for drill or borehole.	In this column state the kind of formations penetrated, their thickness in feet and if water bearing.	Record of FINAL Pumping test
STANDARD WT. STEEL PIPE FORGED STEEL	Inches Diameter 2 3 4 5 6 8 10 12 14 16 18 Depth	TOP SOIL	Duration of test Hours
DRIVE SHOE	25	AND CLAY 160'	Pumping rate G.P.M
CASING PIPE	50	₹	Depth of pump in well. Ft//6/
•			Standing water-level (from surface)  Ft. 90
DRILLHOLE	75		Water-level when pumping Ft9_5
	100		Water. End of test. Clear Cloudy Turbid
. <del></del>	150		Was the well sterilized? Yes No
	200	Sand 10' BLUE CLAY 56'	To which laboratory was sample sent?  .M.A.D. 1.S.O.N  Date A.P.R.14. 2-4-40
. <del>.</del> .	225	WATER BEARING)	Was the well sealed on completion?  Yes No
	400		How high did you leave the casing-pipe above grade?
	800		Well was completed Date AFRIL 24-40
3222-2	Draw the diagram to show the right half only		Well Driller  Slarence Schmidt  Signature

P1257

County Milwankaa	Twp. Oak Creek	Sec.	23
,	- L GET OF GOT		
		LSW SE Sec 23 T5 R	الجرور
			~ ~ C /

# TO THE WISCONSIN STATE BOARD OF HEALTH, WELL DRILLING DIVISION, MADISON, WIS.

## WELL LOG PREMISES DIAGRAM, and REPORT

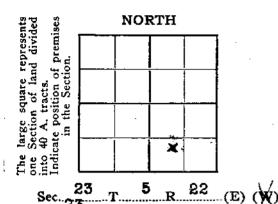
		or Official Reco		
	(TO BE	USED FOR TH	AT PURPOSE ONLY)	
Owner Leslie A. Cu	mzenn nsible official Also 1	name of each individual	Oriller Buchrus Er	le Co.
holding an interest. Use a separate shee	et and attach hereto.	) A	Address South Mile	vaukee
Address Dox #25 AA #	T DOUGH WIT	TAMETIZEE	// V/260/	3///
(City, village,	township, county)	I	Date of Report	June 14 1938
			Registration No Lyps	erimental,
dive below the location of the	e property on w	vinch wen is affin	ou.	)
If incorporated village or city	Name	Lot	Blk	Street and No.
If unincorporated hamlet	rroll ville	Milwauk County	Bik  Oak Creek  Twp.  Lot Bik	42 Highway
If Lake Shore Plat	of Plat	Lake	Lot Blk.	Street
11 Subdivision			Twp. Sec.	
County		Twp.	Sec.	Highway
County		Twn.	Sec.	District
If other public building	Kind	County	Twp.	
				Sec. ,
_	WELL	LOG a	and REPORT	
Kind of casing and liner in feet		DIAGRAM	Give depth of formations in fact	Record of
Kind of shoe. Indicate grout, screen, seal, etc.	Horizontal L	nes = in. Dia. ines = ft. Depth	Give depth of formations in feet. State if dry or water bearing.	FINAL Pumping Test
		e to show casing		
				D
			Too Sail and	Duration of test. Hours
			TOP SOIL AND	Hours
			Top Soil and Red Clay	Pumping Rate. Bailing
The second secon	25	25	40'	G. P. M. 25
0'-180'				Don't s
6" Standard			Dry	Depth of pump in well  Ft.
Black Pipe	<b>/*</b>	40	Fine Sand 15'	Ft.
Mack Tipe -	50	50	Some Water	Standing water-level
		<del>- - - - - - - - - - - - - - - - - - - </del>		(from surface.)
			Clay 30'	Ft
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	75	75	Some Water	Water level when pumping
		85		rt
			Coarse & Fine	Water. End of test. Check:
			Sand, 19'	Clear
	100	100	Water	Cloudy
		104	Brown Shale 25'	Turbid
•			Drown Share 23	Was well sterilized before
		129		1
	150	149	Gray Shale 20' Dry Fine Sand Water Bearing	Yes No
164'-225'		. 167	Fine Sand 18'	Date
5" Standard			Brown Shalo	To which Laboratory was
I.J. Casing-		-	Brown Shale	sample sent?
2.07 34271.9	200	200	Dry	T)
		212	Gravel + Sand - Water - 10'	Date
,		230	Into Shelly Rock	Was the well sealed on
·		<del>                                      </del>	8	completion? Yes
	100			
<del></del>	400	- 400		How high did you leave casing above grade?
^~m				Lasing above grader
		<del>                                      </del>		7 A B 1 A B 2 A B
-				Well was completed
	800	8^0		<u>6-6</u> 19 38
			•	Well Drillers
		+		aldaisch
1 MANUSCH WAR DAR WIRE HARR WALL WILL WITH				Signature.
	1200	1200		(Be sure to complete the report on the reverse side)
1 (10) Hall hall and hall hall hall hall hall hall hall hal				
 - \$7				1

### PREMISES DIAGRAM

(See Rules)

Draw a representative sketch of the premises on which this well is located, showing the location of the well with reference to buildings and possible sources of pollution. Indicate the condition of the surroundings by printing descriptive words like high, low, level, slope, lake, river, swamp, forest, meadow, barnyard, cesspool, privy, sewer, etc., at their respective locations and show distance from the well on the sketch. Also show direction of the campass. See Part III of Code for specimen Diagram.

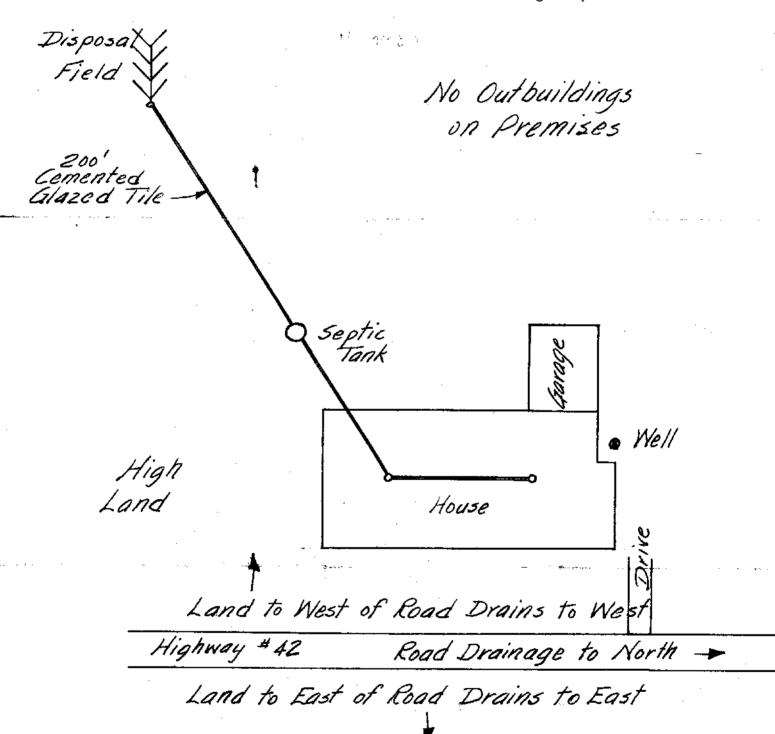
REMARKS: Report blasting and unusual items in this space:



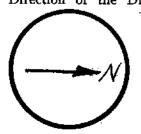
(Each division equals 10') (If more or less indicate:

#### DRAW PREMISES DIAGRAM BELOW.

(See Sec. 32 and Illustrations Part III Well Drilling Code)



Show in circle the "North" Direction of the Diagram.



Note: Additional copies of this form may be obtained at 5c per copy in lots of 10 or more. Send remittance with order to State Board of Health, Well Drilling Division, Madison.

3223\_2

## EWSE SEC. 23 TEN REDE

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

1. County MILWAUKEE	Village			
2. Location 1ST House west at	(City Check one and	give name		
2. Location /ST HOUSE West of Name of street and number of prem	nise or Section, Town and Range numbers	TO F	HY 100	
3. Owner For Agent	SCHULTE	IN S	SEIME	* /
4 Mail Address CA44 m		The same of the	1 28 1953	i I Ui
Complete a	address required	TANA S	HONMEN "	L
5. From well to nearest: Building_/ft; sewer	5e_ft; drain2_5ft; septic tan	k_ 72_ft	NITATION	
dry well or filter bedft; abandoned well				
6. Well is intended to supply water for:	5/AF 40 2-			
7. DRILLHOLE:	10. FORMATIONS:			
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind	From (ft)	To (ft.)	
10 0 20	RED CLAY	()	16	
5 20 236	BLUE CLAY	16		
8. CASING AND LINER PIPE OR CURBING:	SAND Y GRAVEL	230	230	
Dia. (in.) Kind and Weight From (ft.) To (ft.)	- SABUE E	200	236	
5 WROVEHT 0 236			<del></del>	
IRON PIPE			<del></del>	
9. GROUT:			<del></del>	
Kind From (ft.) To (ft.)				
CLAY SLURRY 0 20		<del></del>		
	Construction of the well was con			
11. MISCELLANEOUS DATA:	-July ts 18		<u> 19 ي 3</u>	
Yield test:5 Hrs. at/O GPM.	The well is terminated/_Q_		_ inches	
Depth from surface to water-level:/_/ft.	Z above, below ☐ the permanen	t ground	surface.	
Water-level when pumping:ft.	Was the well disinfected upon co	mpletion '	?	
	11	No		
Water sample was sent to the state laboratory at:	Was the well sealed watertight i			
MADISON on Luky 4 1953	YesNo			
D 1	165	NO		
Signature Las & Blaurat	5561 So 674 ST	MILL	AUKEF 96	,,
Register Well Driller Please do not wr	5561 So 6 H ST Complete Mail Addressite in space below	388	1000000	•
ec'd	10 ml 10 ml 10 ml	10 ml	10 ml	
ns'd	Que months of the second	g and the the popular	The state of the s	
21/1	Gas—24 hrs.			
nterpretation	48 hrs			
III HER SEE HIS GEORGE	Confirm		* <del></del>	
	B. Coli		<del></del>	
	Examiner			
	<i>f</i>			

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH  SESWSESCESSES See Instructions on Reverse Side					
1. County Milwaukel	Village Oak Creek				
2. Location 9474 S. Chi	City Check one and give name  Cago  e or Section Town and Range numbers				
3. Owner Mor Agent 7 Pate O	Q Co				
4. Mail Address M(lwa	$\sim 1$				
5. From well to nearest: Building /5 ft; sewers	30_ft; drain_/5_ft; septic tankft;				
dry well or filter bedft; abandoned well					
7. DRILLHOLE:	10. FORMATIONS:				
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.)				
100 70	Class 0 700				
6 70 280	Shalo Rack 200 220				
8. CASING AND LINER PIPE OR CURBING:	Linestone 200 280				
Dia. (in.) Kind and Weight From (ft.) To (ft.)	5 10 -				
6 New Heel 0 220					
1945#	1989				
9. GROUT:	GINEERING				
Kind (ft.) From (ft.) To (ft.)	Car N E E III				
ruddled Clay o yo					
	Construction of the well was completed on:				
11. MISCELLANEOUS DATA:	6 - 9 $1000$				
	1990				
Yield test: Hrs. at GPM.	The well is terminated inches				
Depth from surface to water-level:ft.	above, below the permanent ground surface.				
Water-level when pumping: 130 ft.	Was the well disinfected upon completion?				
, and the same of	Yes_X No				
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?				
MAD(SOU on 6-9 1960	Yes				
de d	soul II OUIL Charles				
Signature Well Well Driller Registered Well Driller	29/6 N. 8444 St /U/W/C Complete Mail Address				
JUN 1 0 1960 19615					
Rec'd JUN 1 0 1960 No. 19615	10 ml 10 ml 10 ml 10 ml				
	Gas-24 hrs.				
	48 hrs				
	Confirm				
one of the 10 cc. portions of this sam-	1/				
ple another examination is advisable.	B. Coli				
	5 Examiner				

WELL CONSTRUCTO (SWSE SESECEST SWRZZ	$\frac{182}{6}$ REPORT TO V	VISCONSIN STATE BOS on Reverse Side	DARD OF HEALTH	
1. County Milwauk		(Town []	& Creek	
2. Location 3832 E	Ryan Road	(City Che	ck or street kee mann a	2
3. Owner ⋈ or Agent □ ∠	Ceter Gerb	N partnership or firm	JUN 13 1960	<u></u>
4. Mail Address	Complete ad	e So Miludress required	ENGINEER	
5. From well to nearest: Build	lingft; sewer_	26 ft; drain 26 ft;	septic tank_Q_ft;_	1 14 163
dry well or filter bed	ft; abandoned well	42.ft		
6. Well is intended to supply	water for: Non	ne)		·
7. DRILLHOLE:		10. FORMATIONS:	•	
Dia. (in.) From (ft) To (ft.) Dia. (in	1.) From (ft.) To (ft.)	Kind	From (ft )	To (ft)
10 0 44 10	0 44	Mist Clay	0	8
6 44 277		Blue Clay	100	108
8. CASING AND LINER PI	PE OR CURBING:	Sand - Hard	11	176
Dia. (in.) Kind and Weight	From (ft.) To (ft)	Sand or In		181
_6	0 235	Blue Clay		225
		Hard Pan		34 x 11
		Line Por		76 x //
9. GROUT:		<u> </u>	120 120	Marka Market
Kınd	From (ft.) To (ft.)			
Mucky Clay	0 44			
		Construction of the	vell was completed on:	
11. MISCELLANEOUS DAT	[A:	Jule 3	<del>}</del> 1	960
Yield test: Hrs. at		The well is terminate		
			e permanent ground su	nches rface.
Depth from surface to water-le	vel:/ft.			
Water-level when pumping:	ft.	Was the well disinfected upon completion?		
Water sample was sent to the s	tate lahoratory at		YesNo	
		Was the well sealed	watertight upon comple	etion?
madam on \$	-6-f7 196-R-		Yes No	
Signature Awww. Registered Well Dr		6201 W Completite in space below	te Mail Address	<del></del>
Rec'd	No	10 ml 1	0 ml 10 ml 10 ml	10 ml
Ans'd		Gas—24 hrs		
Interpretation		48 hrs		·
orm and that while their sold sold sold		Confirm		
NA DA 190 NA 190 NA 190 NA		B. Coli		

MANA TEST RESOLT

### WELL CONSTRUCTION REPORT WISCONSIN STATE BOARD OF HEALTH WELL DRILLING DIVISION

Note: Section 32 of the Wisconsin Well Drilling Sanitary Code, having the force and effect of law, provides that within thirty days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board. Owner MICHAEL TAKACH Driller Schmidt Bros. V Post Office CARROLLVILLE, W.S. Date Quant 10, 1940 Permit No. 310 LOCATION OF PREMISES MIL WAUKEE ORK CREEK

County

Town

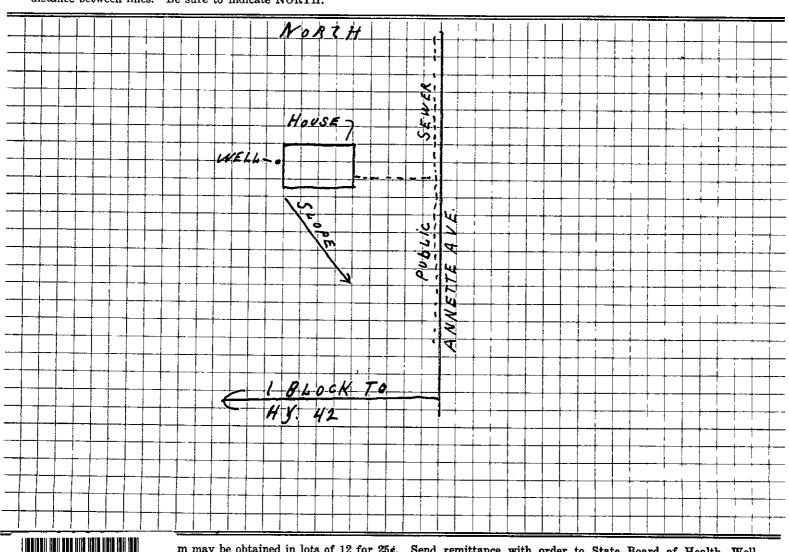
The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section.

NWSE

Sec. 23 block, nearest principal highway, etc., whichever apply. Range 2.2

#### DIAGRAM OF PREMISES

See discussion and illustration in Part III Well Drilling Code. In making the diagram in the space below consider 10 ft. as the distance between lines. Be sure to indicate NORTH.





m may be obtained in lots of 12 for 25¢. Send remittance with order to State Board of Health, Well

### WELL LOG and REPORT

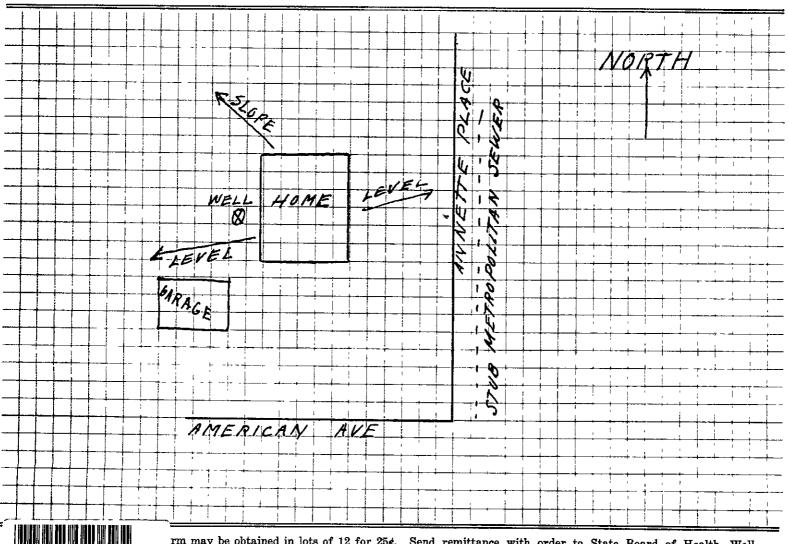
In this column indicate the kind of casing, liner, shoe and other accessories used.	WELL DIAGRAM Use a red line to show c or liner pipe. Use black drill or borehole.	asing c for	In this column state the kind of formations penetrated, their thickness in feet and if water bearing.	Record of FINAL Pumping test
" STD. WT. TEEL PIPE 212'	Inches Diameter 2 3 4 5 6 8 10 12 14 16 18	Depth	TOP3014 AND C4AY	Duration of test Hours
FORGED STEEL PRIVE SHOE		25	130'	Pumping rate G.P.M. 10
CASING PIPE		50	· :	Depth of pump in well. Ft
DRILL HOLE				Standing water-level (from surface)  Ft7/
		75		Water-level when pumping Ft. 85
		100	·	Water. End of test. Clear Cloudy Turbid
		150	SAND 30'	Was the well sterilized? Yes No
•		190	C4AY 30'	To which laboratory was sample sent?  KENOSHA
		200 <b>2/6</b>	GRAVEL 201	Date 8-8-40
		2/2 2//0	LIMESTONE 30'	Was the well scaled on completion?
		400		YesNo
· -				How high did you leave the casing-pipe above grade?
		800		Well was completed Date 8-7-40
3229-2	Draw the diagram to show right half only	1200 the		Well Driller  Slavense Schmidt

### WELL CONSTRUCTION REPORT WISCONSIN STATE BOARD OF HEALTH WELL DRILLING DIVISION

days after completion of every well the driller shall submit a report covering all essential details of construct of Health on a form provided by the Board.	tion to the State Board
Owner A. Kroupa Driller Znack & Sone Street or RFD Annelle D+ American Post Office / 423 91.5/stst.  Post Office Carrollville Wis Date Fels 2, 1940 Per	.Co.
Street or RFD annelle Sty american Post Office / 423 91.5/stst	Meluouke
Post Office Carrollville Wis Date Fele 2, 1940 Per	rmit No. 226
LOCATION OF PREMISES	
Milwaukee Oak Creek The square below repredivided into 40 acre tra	icts. Mark the position
County Town of the premises in the	section. NwsE
W. side Annelle Place H. of Annencar are.  Describe further by subdivision, plat, district, lake, lot,	Sec. 23
block, nearest principal highway, etc., whichever apply.	Twp Oak Creek TS
order, hearest principal nightway, etc., whichever apply.	Range $\mathcal{Z}\mathcal{Z}_{-}ig\{egin{array}{c}\mathbf{E}\\ig\mathbf{E}\end{matrix}$

#### DIAGRAM OF PREMISES

See discussion and illustration in Part III Well Drilling Code. In making the diagram in the space below consider 10 ft. as the distance between lines. Be sure to indicate NORTH.



rm may be obtained in lots of 12 for 25¢. Send remittance with order to State Board of Health, Well

### WELL LOG and REPORT

	TY EDE EOO WIN TEEL	0101
In this column indicate the kind of casing, liner, shoe and other accessories used.	WELL DIAGRAM Use a red line to show casing or liner pipe. Use black for drill or borehole.  In this column so formations penetrate in feet and if the column of the column	ed, their thickness FINAL
	Inches Diameter 2 3 4 5 6 8 16 12 14 16 18 Depth	Duration of test Hours
6" STD. WEIGHT	AEO C	Pumping rate G.P.M.
STEEL SP. WELL	30 5ANDV	CLAY Depth of pump in
DRILLERS PIPE	50	well. Ft
		Standing water-level (from surface)  Ft
	75 BLUE C	Water-level when pumping Ft
	100	Water. End of test.  Clear  Cloudy  Turbid
6"FORGED STEEL	150	Was the well sterilized?  Yes No
SHOE	155	
	165 SAN	To which laboratory wa
	200 CLA	
S.MUD GROUI	207 GRAV	Was the well sealed o
STEEL PIPE  ORILLHOLE	400	completion? Yes No
DRILLHOLE		How high did you leave th casing-pipe above grade?
	800	Well was completed
		Date Lec 27, 1939
3230-a	Draw the diagram to show the right half only	Well Driller  Meach + Sou Co  Signature

WELL	CONSTRUCTOR'S	REPORT	TO	WISC	ONSIN	STATE	BOARD	OF	HEALTH
		See Instri	uctio	ns on	Reverse	abi8			

1. County Inilar.	(Town   Carolville			
9/ 22 -40/ 1	City Check one and give name			
2. Location / / / / / Name of street and number of premis	o or section, Town and Range numbers			
3. Owner or Agent I Name of individual	partnership or firm			
4. man Auguess	dress required			
5. From well to nearest: Buildingft; sewer_	ft; drain ft; septic tank ft;			
dry well or filter bedft; abandoned well_				
6. Well is intended to supply water for:	water Home			
7. DRILLHOLE:	10. FORMATIONS:			
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.) (ft.)			
8 0 20 6 20 307	Red Clay 0 10			
	Blue Clant 10 90			
8. CASING AND LINER PIPE OR CURBING:	Sant Stant 90 100			
Dia. (in.) Kind and Weight From (ft.) To (ft.)	Blue clay 100 160			
p w. b. steel 0 235	Bhe day Suft 160 195			
	Grand			
	Sant & Frank 195 210			
9. GROUT:	Blu clay 210 30 -			
Kind From (ft.) To (ft.)	Zarl Pan 230 235			
Probled clay 0 20	Limerreh 33 -309 Construction of the well was completed on:			
11. MISCELLANEOUS DATA:	mar / 1954			
Yield test: Hrs. at/_O GPM.	The well is terminatedinches			
,	above, below the permanent ground surface.			
Depth from surface to water-level:ft.	Was the well disinfected upon completion?			
Water-level when pumping:ft.	YesX No			
Water sample was sent to the state laboratory at:				
Justisa on 3/9 1954	Was the well sealed watertight upon completion?			
City	Yes_			
Signature Registered Well Driller Please do not we	3033 M Callabrane Rd Inche 15, 2/2 Complete Mail Address			
Rec'd 3/3/57 No.4/94	10 ml 10 ml 10 ml 10 ml			
	Con 24 has			
Ans'd	Gas-24 hrs.			
Interpretation	48 hrs.			
	B. Coli O / O O			
	Examiner.			

See Instructions	on Reverse Side / Creek			
1. County Milw aukee	Village of Oak Greek			
SE, NW, SE, Sec. 23, QQ NA Q Q	City Check one and Rive Dame 75N			
2. Location 12 72 So Chamelle	Al. So. Milw RESE			
Name of street and number of premi	se or Section, Town and Range numbers			
3. Owner or Agent   / / Name of individual	Farlung			
4. Mail Address 9242 So. annel	te of So Milw Wis.			
Complete ac	dress required			
5. From well to nearest: Building / 5ft; sewer_	ft; drain 50 ft; septic tank 50 ft;			
dry well or filter bed 52 ft; abandoned well	MOL RECEIVED			
6. Well is intended to supply water for:	ne Use JAN 1 9 1959			
7. DRILLHOLE:	II 10 MODRIAMIONO.			
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	ENVIRONMENTAL ENVIRONMENTAL Kind SANITALTION(E)			
10 0 25	Guddle Clay 0 6			
6 25 250	Thavel 6 70			
8. CASING AND LINER PIPE OR CURBING:	Sand 40 90			
Dia. (in.) Kind and Weight From (ft.) To (ft.)	Clay 90 130			
6 Steel 0 234	Barkl 130 175			
	Sand 175 210			
	Thank 210 234			
9. GROUT:	Sime Pork 934 250			
Kind From (it.) To (it.)	Jan 1700 257 435			
mud 0 6				
	Construction of the well was completed on:			
11. MISCELLANEOUS DATA:	10-25			
Yield test: 5 Hrs. at 15 GPM.	The well is terminated inches			
	The well is terminated inches above, below [] the permanent ground surface.			
Depth from surface to water-level: 125 ft.				
Water-level when pumping:/ft.	Was the well disinfected upon completion?  YesNo			
Water sample was sent to the state laboratory at:				
Madison on 1-5 1059	Was the well sealed watertight upon completion?			
City	YesX No			
	28 0 1 1 1 -11			
Signature TATO WAS Driller	Trangelle Man Agenta Tillio			
	rite in spice betor			
RIAN 6-1959 No. 159	10 ml 10 ml 10 ml 10 ml			
Ans'd	Gas—24 hrs.			
InterpretationSAFE	48 hrs			
	Confirm			
1 19 5 70 19 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	B. Coli			

WELL CONSTRUCTOR'S REPORT TO W SENWSE Sec 23 TSN R22E See Instructions	VISCONSIN STATE BOARD OF HEALTH on Reverse Side				
1. County - Factoranks	Town   Carrollotte				
2. Location 9261 South 8 th a	City Check one and give name  Larollele Wie  or Section, Town and Range numbers				
3. Owner or Agent Name of individual.					
4. Mail Address 4261 South 8 th	ave learrollville Vio				
5. From well to nearest: Building25_ft; sewer_	ft; drainRSELOAELY, FC, D				
dry well or filter bedft; abandoned well	ft				
6. Well is intended to supply water for:	ENVRONMENTAL				
7. DRILLHOLE:	10. FORMATIONS: SANITATION				
Dia. (ln.)   From (ft.)   To (ft.)   Dia. (in.)   From (ft.)   To (ft.)	Kinggara From To (ft.)				
10 0 20	black soil 0 2				
6 20 237	blue clay 168 170				
8. CASING AND LINER PIPE OR CURBING:	sand 20 190				
Dia. (in.) Kind and Weight From (ft.) To (ft.)	hard class 10 200				
6 Standard steel 0 203	Rard han 3 203				
pipe	line stone 34 237				
9. GROUT:					
Kind From (ft.) To (ft.)					
Fruel cuttings 0 20	Construction of the well was completed on:				
11. MISCELLANEOUS DATA:	July 27 1956				
Yield test: Hrs. at GPM.	The well is terminated inches inches above, below the permanent ground surface.				
Depth from surface to water-level:/ft.	Was the well disinfected upon completion?				
Water-level when pumping:/_2ft.	Yes_\$ No				
Water sample was sent to the state laboratory at:	·				
Fraction on July 29 1956	Was the well sealed watertight upon completion?				
City	Yes_X No				
Signature Lot Lyglbaurki Registered Well Driller Please do not wr	7570 So Stowell Full 7 Ohis Complete Mail Address				
Rec'd JUL 31 1956 No.26381	10 ml 10 ml 10 ml 10 ml				
N DO 100 100 NO 100 NO 100 NO	Gas—24 hrs				
	1				
Because of the presence of this sam-	48 hrs				
Because of the presence of this sam- one of the 10 cc. portions of this sam-	Confirm				
ene of the 10 cc. portions of the another examination, is advisable.	B. Coli				

Examiner.

	NSTRUCTOR'	S REPORT	Ī	WISCO	NSIN STAT	E BOARD OF !	HEALTH	,	By 54	Wel 6
1. COUNTY	Mila	auk	00	CHECK  Town		NAM P IXI City		REFF		······································
NIWaukl Town Village City OAK (REEK  2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)										
3. OWNER-	3. OWNER AT TIME OF DRILLING 9279 South aunotte PL									
SENW SESECZ3 TSNRZZE JOHN I AKACH										
4 CWAR	S COMPLETE	MAIL ADB		SAN	1E A	S ABO	VE			
5. Distance in feet from well to nearest: BUILDING SANITARY SEWER FLOOR DRAIN FOUNDATION DRAIN WASTE WATER D									TER DRAIN	
(Record a	nswer in appro	priate block)		10	V5		10			
CLEAR WAT	TILE	SEPTIC TAN	K PRIVY	SEEPAGE PIT	ABSORPTI	ON FIELD BARN	SILO	ABANDONED WELL	SINK HOLE	<del>'</del>
OTHER POL	LUTION SOU	RCES (Give	description s	uch as dump,	quarry, drair	age well, stream, p	ond, lake, etc	.)		
6. Well is	intended t	o supply	water for:	PRIVA	TF K	ESIDE	NCF			
7. DRILLHO			ı	1	1	10. FORMATIC		· · · · · · · · · · · · · · · · · · ·		
Dia. (in.)	From (ft.) Surface	To (ft )	Dia. (in.)	From (ft.)	To (ft )		Kind		From (ft.)	To (ft.)
10	Surrace	70				CLAY			Surface	<u> 130</u>
_6	20	259				JAND	)	A	130	021
8. CASINO	, LINER, CL	JRBING, A		N From (ft.)	To (ft.)	Sand	o. Cla	lei	15	208
6				Surface	27	Chenn	0		708	747
	11000	JEEL 145	<u> </u>		011	Jan	<u> </u>		700	700
	(	1		-		Jime	20	n e	011	137
9. GROUT	OR OTHER	SEALING	MATERIA		<u> </u>					· · · · · · · · · · · · · · · · · · ·
	Kin	d		From (ft.)	To (ft.)					<del></del>
PUD	DLED	CLA	1	Surface	70					<del>/-</del>
			~			Well construct	tion compl	eted on	17-19	1900
11. MISCE Yield test:	LLANEOUS	DATA	Hrs.	at >	O GPM	Well is terminated Sinches Above final grade				
Depth from surface to normal water level 1 75 ft.					Well disinfect	ed upon d	ompletion	X Yes	□ No	
Depth to water level when pumping 135 ft.					Well sealed watertight upon completion			□ No		
Water sample sent to					laboratory on: 19					
wells, scre	ion concern ens, seals, mprooms; a	type of	casing joir	its, method	l of finish'	ing the well, a	ficulties er imount of	ncountered, and d cement used in g	ata relating routing, blas	to nearby
DOWNER REGISTERED Well Driller 3976 N. 84 M. Weuker								,		
COLTECTEM T	EST RESULT	$\overline{Z}$	G	Please AS — 24 HRS.		rite in space b S — 48 HRS	elow   CONFIRM	MED REMAR	RKS	
M . L									<del></del>	
me zajan kari i jaji		-~		<u> </u>	-	5°. ,, - →}	l	1		

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

1. County Milwaukee					Town			
					(City The Check one and			
2. Loca	ation	Name of str	ect and num	ber of premis	e or Section. Town and Range numbers	~		
3. Own	ner 🟴 or A	gent⊡ ¤	S \$	tanlk	NO	/ 28 195	6	
	~				<b>—</b> 17 • • • • •	ONME	NTA	
4. Mai	il Address	9208	Annett	e Place	Carrollville, WEAN	ITATI	ON	
			IR		dress required			
5. Fro	m well to n	earest: Buildi:	ng	ft;sewer	25 ft; drainft; septic tar	ıkft	;	
dry	well or filt	ter bedi	ft; abando	oned well	ft			
6. Wel	ll is intende	ed to supply w	vater for:	hom	<u> </u>			
	ILLHOLE				10. FORMATIONS:			
Dia. (ln.)	From (ft.)	To (ft.) Dia. (in.)	From (ft.)	To (ft.)	Kind	From (it.)	To (ft.)	
IO	0	20 6	20	240	fill & red clay	0	22	
					BENG	15	34	
8. CA	SING ANI	D LINER PIP	E OR CI	IRBING:	blue clay	135	169	
Dia. (in.)		and Weight	From (ft.)	To (ft.)	sand	50	189	
6	Stands	ard weight			blue clay	15	204	
		l pipe	0	217-2"	hard pan	7	211	
			<del></del>		broken lime rock	4	215	
9. <b>G</b> R	OUT.			·	limy rock	25	240	
a. Gr	OUL: Kind		From (ft.)	To (ft.)				
1	Puddled	clay	0	20		<u> </u>		
		<u> </u>			Construction of the well was co	mpleted o	n:	
	ATOCHT I A	AIRATIO TAR	• •		Nov. 20 19 56			
	_	NEOUS DAT.				•		
Yield to	est: <b>O</b>	Hrs. at		GPM.	The well is terminated			
Depth f	from surfac	ce to water-lev	/el:		above, below I the permane			
Water-l	level when	pumping:	138		Was the well disinfected upon completion?			
					Yes	.s No		
	sampie was <b>1180n</b>	sent to the st		-	Was the well sealed watertight upon completion			
	City	no		29 <sub>9</sub> 56	Yes	No		
	- *	<u> </u>	0 1					
Signatu	re <i>711</i> 2	anh	Leh	refle	Rt.2 Box 674 Hales		, "l	
~~	Pan	ristered Well Dr	iller Ple		ite in space below Complete Mail Ad	dress		
~- <u>-</u>	Iteg							
		2 1956	3.	4224	10 ml 10 ml 10	ml 10 m	10 r	
Rec'd		<b>2</b> 1956	No	4224;		ml 10 m	10 1	
Rec'd			No			ml 10 m	10 1	
Rec'd	NOV 2		No		10 ml 10 ml 10	ml 10 m	101	
Rec'd	Nov 2		No		10 ml 10 ml 10 ml 10 Gas-24 hrs.	ml 10 m	10 r	
Rec'd	Nov 2		No		10 ml	ml 10 m	101	

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

1. County MILWAUKEE	Town OAK C	- CEEK
SENWSESec23 TSNR22E  2. Location 9222 5	City D Check one and a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name of street and number of premi	se or Section, Town and Range numbers	
3. Owner or Agent I PAUL Name of individual	OTAWIIC	
Complete ad	UKEE WISC	~
5. From well to nearest: Building 21 ft; sewer	$28_{ m ft}$ ; drain $\gamma$ ft; septic tar	nkft;
dry well or filter bedft; abandoned well_	( )	
6. Well is intended to supply water for: #E/V	ATE CESIDENCI	<b>=</b>
7. DRILLHOLE:	10. FORMATIONS:	l From 1 ma
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind	From To (ft.)
	Clay	0 /35
	GRAVEL	135 160
8. CASING AND LINER PIPE OR CURBING:  Dia. (in.)   Kind and Weight   From (ft.)   To (ft.)	Clay	160 700
6 NOUS SPOOL	Clay + Gravel	200 225
1945# 0 225	Limefloue	225 750
1/= 000	RECEI	
9. GROUT:		VED
Kind   From (ft.)   To (ft.)	JUK 2-1	959
Pradled Clay 0 70	SANITAGNAL	NTAL
	Construction of the well was co	mpleted on:
11. MISCELLANEOUS DATA:	5-2	
Yield test: 8 Hrs. at 10 GPM.	The small is demanded.	Q
	The well is terminated The permane	ent ground surface.
Depth from surface to water-level:/35 ft.	Was the well disinfected upon	
Water-level when pumping:145ft.	-	-
Water sample was sent to the state laboratory at:		X No
5/28/59 MADISON 19	Was the well sealed watertight	•
City	Yes	No
Signature AQUALA E LICKELY Registered Well Driller	2976 N. S44k Complete Mail Add	Milw. 10 Wis
MAY 9 0 1050	ite in space below	
Rec'd	10 ml 10 ml 10 r	nl 10 ml 10 ml
Ans'd	Gas—24 hrs	
Interpretation SAFE	48 hrs	
	Confirm	···
	B. Coli	
MIN WINT IN IN IN IN IN		

1. County M/LWAUKFE	Town										
2. Location 9174 5 s. CHICAGO CT. N2, NWSE Sec 23 TSN R22E  Name of street and number of premise or Section, Town and Range numbers											
3. Owner For Agent L to R. Go	E B E L										
	So, MILWOUNDE, WIS, dress required										
5. From well to nearest: Building 2 of ft; sewer	METROPOLITIAN SOWER  12_ft; drainft; septic tankft;										
	ft.										
6. Well is intended to supply water for: 155	IDENCU										
7. DRILLHOLE:	10. FORMATIONS:										
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.) (ft.)										
10 0 21	RED CLAY 0 16										
6 21 326	PLUFCLAY 15 220										
8. CASING AND LINER PIPE OR CURBING:	PORUS LIMB \$ 220 228										
Dia. (in.) Kind and Weight From (ft.) To (ft.)	50610 61m d 228 326										
6 WROUGHT 0 228	RECEWED										
IRON PIPE											
	IAN 1 7 1961										
9. GROUT:											
Kind From (ft.) To (ft.)	SANITARY										
CLAY SLURRY 0 21	FNGINE ERING										
	Construction of the well was completed on:										
11. MISCELLANEOUS DATA:	DECEIMBER 13 1960										
Yield test: Hrs. at GPM.	The well is terminatedinches										
Depth from surface to water-level:	☐ above, below ☐ the permanent ground surface.										
Water-level when pumping:13_2ft.	Was the well disinfected upon completion?										
	Yes No										
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?										
MADISAM on DEC: 27 1966	Yes No										
Signature Leo L. Blaunt 1731 u	CRANCO AUG 1416 21, WIS.										
Registered Well Driller Please do not wri	Complete Mail Address										
Rec'd DEC 29 1960 No. 50839	10 ml 10 ml 10 ml 10 ml										
Ans'd	Gas—24 hrs.										
Interpretation	48 hrs.										
SAFE-BACTERIOLOGICALLY	Confirm										
	B. Coli										
# 248 8/13 U.S.A. 8/13 U.S.A. 8/13 U.S.A	Evaminar										

1. County Ispilus aukel	Town & Oak Crek Village - Oak Check one and give name				
( NW,NW, 3E, 3ec, 23					
2. Location American Aug	or Section, Townsand Range numbers				
75N R22E Name of street and number of premise	DEGE				
8. Owner or Agent Name of individual, p	partnership or firm				
	JUL 9 1954				
4. Mail Address	ess required ENVIRONMENTA				
5. From well to nearest: Building 15 ft; were					
5. From well to nearest: Building_122it; sewer_4_	it; drainit; septic tankit;				
dry well or filter bedft; abandoned well	_ft				
6. Well is intended to supply water for:					
·	10. FORMATIONS:				
7. DRILLHOLE:	From To				
Din. (in.) From (ft.) To (ft.) Din. (in.) From (ft.) To (ft.)					
8 0 20 6 20 256	Ded Clay 0 10				
	Blue Clay 10 150				
8. CASING AND LINER PIPE OR CURBING:	Soul March + 150 200				
Dia. (in.)   Kind and Weight   From (ft.)   To (ft.)	C. P. C. C.				
1 x D 8to 2 0 221	2 0 01 00 20				
6 W.D. Steel	San & french 200 210				
	Bl. Clay, Sand + \$10 218				
	d Atmes				
9. GROUT:	Hand Pan 218 221				
Kind From (ft.) To (ft.)	Lime Rock 221 256				
Puddled Clay 0 20					
	Construction of the well was completed on:				
	June 29 1954				
11. MISCELLANEOUS DATA:	,				
Yield test:6 Hrs. at/ GPM.	The well is terminatedinches				
Depth from surface to water-level:ft.	above, below [] the permanent ground surface.				
	Was the well disinfected upon completion?				
Water-level when pumping:ft.	Yes X No				
Water sample was sent to the state laboratory at:	<b></b>				
a =	Was the well sealed watertight upon completion?				
madeson on June 29 1954	Yes No				
Simologo Balant Collans	3033 W. Coldspaina Bd. mile 15, 26				
Signature Registered Well Driller Please do not wri	Complete Mail Address				
Rec'd JUL 1 100 17229	10 ml 10 ml 10 ml 10 ml				
د	Gas 24 hrs.				
Ans'd					
InterpretationSAFE	48 hrs.				
AND THE RESIDENCE OF THE PARTY	Confirm				
1 18 4 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. Coli				
LANTO AN THE AND THE PROPERTY OF THE PROPERTY	Examiner				
	1100111111VA				

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD See Instructions on Reverse Side (Town Town 🔯 Village 🗀 1. County 2. Location ... 3. Owner ☑ or Agent ☐ 4. Mail Address \_ Complete address required 5. From well to nearest: Building /5 ft; sewer\_\_\_ft; drain \_\_ft; septic tank 5 oft; dry well or filter bed\_\_\_\_ft; abandoned well\_\_\_\_ft. 6. Well is intended to supply water for: 7. DRILLHOLE: 10. FORMATIONS: Dia. (in.) | From (ft.) | To (ft.) Dia. (in.) | From (ft.) | To (ft.) Kind 244 8. CASING AND LINER PIPE OR CURBING: Kind and Weight Dia. (in.) From (ft.) To (ft.) 244 23<u>0</u> 9. GROUT: To (ft.) From (ft.) Construction of the well was completed on 11. MISCELLANEOUS DATA: Yield test: \_\_\_\_\_ Hrs. at \_\_\_\_ GPM. The well is terminated \_\_\_\_\_ □ above, below □ the permanent ground surface. Depth from surface to water-level: \_\_\_\_ft. Was the well disinfected upon completion? Water-level when pumping: \_\_\_\_\_ / O\_\_\_\_ ft. Yes\_\_\_\_\_\_ No\_\_\_\_\_ Water sample was sent to the state laboratory at: Was the well sealed watertight upon completion? Yes\_\_\_\_\_ No\_\_\_\_\_ Signature Registered Well Driller Complete Mail Address Please do not write in space below 10 ml 10 ml 10 ml 10 ml 10 ml Rec'd\_. Gas-24 hrs. Ans'd \_ 48 hrs. Interpretation \_ Confirm B. Coli

Examiner\_\_

. 1	NWNWSES+2375N	22684e	Instructions			
i,		774	"其值	The state of the s	NOt	/1 -/
	. 9wr • - 1			(Town 🗵	- ,	15/1947
1. Co	noth Wilmankee	أستهد مستهدمة أرا	-J-24-4-4-4-4	Town Z Oak Creek City 1327 Check one a	nd give nam	 ne
2. Lo	cation R. 1. Box 22A	Amerie	an Ave.	at Hi. 42 South Milwa	ukee,	Wis.
<u> </u>		Name of	street and num!	ber of premi <del>le or See I</del> Tn. and R. numb	ers	
3. Ow	ner 🗌 or Agent 🖺		pry A Lu	nd		
	m	Da- 1	~	individual, partnership or firm		
4. Ma	il Address R_1	· POX A	Comp	H MILWHUKEE  plete address required		
5. Fr	•			erft; drainft; se	ptic tank_	ft;
dry	well or filter bed	_ft; aba	andoned well.	ft.		
6. We	ell is intended to supply v	vater fer	He	ousehold use		
	HITHOIF.		c.	10. FORMATIONS:		
Dis. (in.)	From (ft.)		To (ft.)		From	То
<u>* 8</u> *	0	7. 32. 37. 12 -	25	Kind	(ft.)	(ft.)
6_	25		279	Clay	0	50
		,		Quick Sand	50	95
		<u> </u>		Hard Pan	95	120
.8. CA	8. CASING AND LINER PIPE OR CURBING:		RBING:	Clay	120	160
Dia. (Iñ:)	- Kind	From (ft.)	To (ft.)	Fine Sand	160	195
6	Steel	9	2348"	Hard Pan	195	213
-				Fine Sand (Grayish)	213	217
		-		Hard Pan	217	227
			<del></del>			
	ACTOR.	ļ	-  <u> </u>	Broken Lime	227	234
9. GR	COUT:  Kind	From (ft.)	To (ft.)	Lime	234	270
		(15)				
<u>Hea</u>	vy Clay	0	25			
-		-	<del> </del>			
<u> </u>		.4~ 2		*** · · · · · · · · · · · · · · · · · ·		
11. MIS	SCELLANEOUS DATA:	:				•
Yield to	est:5_ Hrs. at	1	<u>0</u> _ <b>GРМ</b> .	Construction of the well was co	mpleted o	on
Denth t	from surface to water;	<b>\$</b> 0	4	September 30t	_	
_			<b>-</b>	The well is terminated6		inches
Water-l	level when pumping:	85	ft.	above, below the permane	-	
Water	sample sent to laborator:	y at -		Was the well disinfected upon	=	
	Milli		10		X No	
	_ on		- 49	Was the well sealed watertight		_
3 2 4	(1)				<b>x</b> No	
Signatu	re Clearwater Dril		<u>ж Бяш</u> Б <sub>С</sub> с	2220 N Farwell Complete Mail A		
( - J.	Kendere Irle			Milwaukee 2 Wi		1

1	WEST (	'ANC'TD	TICHOD!	e DEDA	או היים	ISCONSIN STATE BOAI	DD OF HEAT OF	•		
NW, NW						on Reverse Side	KD OF REALIF	L		
	nty //					Town Village Oak	neck			
1. 000				a 1 .		City Check	one and kitsing me			
2, Loc	ation %	132 <sub>N</sub>	$50 - \zeta$	et and num	of of premier	City Check Check of American Consection, Town and Range number of Section, Town and Range number of Check of Ch	19 19 19	TU-		
S Our	per ⊠ or	A cont [	1 Za	n.c.s	Fole	4/	SANDATION	AL.		
	•		_	110000	AT ADMINISTRA	ber electricity of militi	TION	•_		
4. Mai	il Addres	s 9/3	2,80	M	Complete add	COT. R. 1-BOX	AH. SOM	elev v		
5 F.	m wall to	nograd	· Buildin	a 15	ft · cowor /	73_ft; drainft; se	ntia tamb	+.		
				-	_	ft		****		
			upply wa	ater for:	Home					
	ILLHOL		. Die Gest		( Mo (fe )	10. FORMATIONS:	! From	) To		
Dia. (in.)	1		Dia. (in.)		70 ((L)	Kind	((6.)	(ft.)		
10	0	40	_6	40	273	Red Clay		20		
	.					Blue clay	20	150		
					JRBING:	Graves	150	160		
Dia. (in.)	070	nd and Welg		From (ft.)	230	sond a clay	160	200		
-4	nec	263	<b>&amp;</b>		430	Gravel	200	220		
	<u> </u>			<del> </del>		Sand	220	230		
		· · · · · · · · ·		l		Time Hoch	230	273		
9. GR	OUT:	net		From (ft.)	To (IL)			<del></del>		
Plan		chen	17:	-				<u> </u>		
	y ve	CILCAL	acery,		<del></del>	Construction of the we	l was completed o	n:		
41 1	MISCELI	ANEOL			I	aug 2	27	1953		
				,			8			
					GPM.	The well is terminated above, below the		inches d surface.		
Depth :	from sur	face to w	ater-lev	el:/_/	0ft.	`				
Water-	level <b>wh</b> e	n pumpi	ing:	124	2ft.	Was the well disinfected upon completion?				
Water	samnle w	as sent i	to the st	ate labor	atory at:					
0				_	1955	Was the well sealed wa		-		
//Laer	City		m Casa		194		YesNe	D		
	5		10	-41	. 1/2	- Calil	9			
Signati		CY7.4-1. logistered	Well Dri	LLLA ller	MA.	Complete	Mail Address			
•	AUG 3 1	1955		Ple	ease do not wr	ite in space below				
Rec'd				No	<b>2</b> 894	B 10 ml 10:	ml 10 ml 10 m	il 10 ml		
Ans'd						Gas-24 hrs		7		
Interore	etation			2	AFE	48 hrs	201	<u> </u>		
IANAN YAN ARE ING K	<b>FV BURS</b> F (10 :==:			·*/	F 10.3 That	Confirm	and the same	<b>&gt;</b>		
						B. Coli		-		
M W 3 2			·							
		<del>-</del> -				E	xaminer			

WELL CONSTRUCTOR'S REPORT TO	WISCONSIN STATE BOARD OF HEALTH					
TWWNWSESC23T5NEZE See Instruction	s on Reverse Side					
1. County milwouhee	Town   Oak Creek					
2. Location 9/10 So le hi	(City Deck one and give name					
3. Owner v or Agent - august	ise or Section, Town and Range numbers					
4. Mail Address _9110	al, partnership of firm					
5. From well to nearest: Building_/_\$_ft; sewer_	ddress required					
	ft. RECEIVED					
6. Well is intended to supply water for:	NOV 1.3-1957					
7. DRILLHOLE:	10 FORMATIONS.					
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	ENVIRONMENTAL Kind SANITATON (it.)					
10 0 20	black sore 0 2					
6 20 239	yellow clay 23 25					
8. CASING AND LINER PIPE OR CURBING:	blue clay 125 150					
Dia. (in.) Kind and Weight From (ft.) To (ft.)	sandy class 50 200					
6 Standard 0 214	sand a gravel 10 210					
steet pupe	hard pan 4 214					
9. GROUT:	line stone 25 239					
Kind   From (ft.)   To (ft.)						
Frank cuttings 0 20						
7	Construction of the well was completed on:					
11. MISCELLANEOUS DATA:	From 2 1957					
Yield test: Hrs. at GPM.	The well is terminated inches					
Depth from surface to water-level:ft.	above, below the permanent ground surface.					
Water-level when pumping:ft.	Was the well disinfected upon completion?					
	Yes_Y No					
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?					
madein on From 4 1957	Yes_ <b>K</b> No					
Signature Registered Well Driller  Please do not wi	75-70 80 Howell South Buil Of. Complete Mail Address					
NOV 5-193/ No. 37940	10 ml 10 ml 10 ml 10 ml					
Ans'dSAFE	Gas-24 hrs.					
nterpretation	48 hrs					
	Confirm					
	B. Coli					

Examiner\_\_\_\_

WELL CONSTRUCTOR'S REPORT TO W See Instructions	on Reverse Side				
	(Town & oak reall)				
1. County melwoukee	Village Z Contraction				
NE, NW, SE, Sec 23	(City Check one and give name JUN				
2. Location Name of street and number of premise	e or Section, Town and Range numbers				
3. Owner M or Agent - Joseph Sal	partnership or firm				
Name of individual,					
4. Mail Address	MANAGE AND				
Complete add	iress required				
5. From well to nearest: Building /5_ft; sewer_	ft; drainft; septic tankft;				
dry well or filter bedft; abandoned well	A				
6. Well is intended to supply water for:	wat develling				
7. DRILLHOLE:	10. FORMATIONS:				
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.) (ft.)				
N 8 0 20 6 20 245	Bedelay 0 20				
50	Blue " 1 20 100				
CASING AND LINER PIPE OR CURBING:	Sandy Blue Clay 100 150				
Dia. (ib.) Kind and Weight From (ft.) To (ft.)	de de la la				
6 Steel ghel Pape 0 220	Sand March 4 130 230				
	Line Bock 220 245				
	June Bock 220 245				
o aroun.					
9. GROUT:  Kind   From (ft.)   To (ft.)					
Buddled Clay 0 20	Construction of the well was completed on:				
	)				
11. MISCELLANEOUS DATA:	May 17 1952				
Yield test: 4/2 Hrs. at/Q GPM.	The well is terminatedinches				
Depth from surface to water-level:9ft.	above, below □ the permanent ground surface.				
Water-level when pumping:95ft.	Was the well disinfected upon completion?				
	Yes No				
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?				
Tensha on May / 1952	Yes No				
Signature Before Before	3033 W. Coldepsing Bd.				
Registered Well Driller	Complete Mail Address				
Rec'd 5- 20-52 No.8798	10 ml 10 ml 10 ml 10 ml				
	00000				
Ans'd V-dd	Gas—24 hrs				
Interpretation	48 hrs. 0 0 0 0				
<u> </u>	Confirm				
MIND DE LA 18 18 18 18 18 18 18 18 18 18 18 18 18	B. Coli				
	∫ <del>_</del>				
M L 3 2 4 5	Examiner				

MELL CO	NSTRUCTOR	'S REPOR	Т	WISCO	NSIN STAT	TE BOARD OF I	HEALTH			Wei 6
1 COUNTY			·	CHECK		NAN		· · · · · · · · · · · · · · · · · · ·		<del></del>
IN/L 2. LOCATIO	WAUKE ON (Number at	d Street or	4 section s	Town	☐ Villag	e [7] City	AK CREE	K	<del>, , , , , , , , , , , , , , , , , , , </del>	
91	73 S	So. 8	THE AU						Able.)	
3. OWNER	AT TIME OF	DRILLING	0.4		د و د سرو ه	N Chech	, WIS.	<del>3                                    </del>		/
4. OWNER	S COMPLETE	MAIL ADD	RESS	DE //	VE NW	SE Secias	TEN RAJE			<del></del>
5 Distance	e in feet fro	ns s	BOUE	DITT DING ICA	Nima Div. CEN					
(Record a	inswer in appro	opriste block	١		C. I. TIL		SEWER CONNECTED   1	NDEPENDENT	C. I.	TER DRAIN"
CI DAD WA	Troba Paris III		, 	/5 /	7.5° TIL	35	N SILO ABANDO	سجح		
C. I.	TILE	SEPIIC TAI	NK PRIVY	SEEPAGE PIT	Seu #	ON FIELD BARN	SILO ABANDO	NED WELL SIN	K HOLE	
					STRU	5T				
OTHER PO	LLUTION SOU	JRCES (Give	description	such as dump,	quarry, dran	age well, stream, p	ond, lake, etc.)		<del></del>	
6. Well is	intended	to supply	water fo	r:					<del></del>	
				RESI	DENCE					
7. DRILLH	OLE   From (ft.)	To (ft.)	Dia (in.)	From (ft )	To (ft.)	10. FORMATIC	DNS Kind	1 .	e (e. )	
1.4	Surface				10 (1.1)		<del></del>		From (ft.) Surface	To (ft.)
10	ļ <u>.</u>	20	<u> </u>			MED	CLAY			16
6	20	287				BLUE	CLAY		16	220
	G, LINER, CI	_		1	1					
Dia. (in.)		ind and Weig		From (ft.)	To (ft.)		PAN		220	230
6	BLK.	5M45		Surface	237	PORUS	5 LIME		230	237
	TAC 6	V/R+D	ChuPl	nor		51	o hime	į	237	283
	TAC V	7					I HIME		~ //	400
	I		wy		-			·		<del></del>
.,	19.	45								
9. GROUT	OR OTHER	SEALING	MATERIA	AL	<u>l</u>					
	Kin	d		From (ft )	To (ft.)		<u> </u>	·		
CLO	Y 560	RRY		Surface	20					
•						344 11			4. 1.	/
11. MISCE	LLANEOUS	DATA	<del></del> .		<u> </u>	Well construct	ion completed on	marker X a	hove	
Yield test:	4	<u>/</u>	Hrs.	at /5	GPM	Well is termin	ated §	inches 🖺 b	elow fi	nal grade
Depth from	n surface to	normal v	vater leve	120	) ft.	Well disinfect	ed upon completio	n	Yes Yes	□ No
Depth to v	vater level v	when pum	ping	13	€ ft.	Well sealed w	vatertight upon con	npletion	✓ Yes	□ No
	iple sent to	) ,			<u>V</u>		laboratory on	: 3/20		<sup>19</sup> 67
Your onin	ion concern		IS ATV		-f			<u> </u>		<u></u>
wells, scre	ens, seals,	type of	casing jo	ints, method	l of finish	ing the well, a	ficulties encountere mount of cement	ed, and data used in grout	relating ting, bla:	to nearby sting, sub-
surface pu	mprooms, a	access pits	, etc., sh	ould be give	en on reve	rse side.		~	4.4	
SIGNATURE					****	COMPLETE MAI	L ADDRESS	. <u> </u>		<del></del>
Le.	Blace	rut	R	egistered W	ell Driller	1771 1.	. GRANCE.	AUU-MI	6.415	67991
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Piease	do not w	rite in space be	elow			73 ~ ~ /
	BESULT			GAS — 24 HRS.	GA	S 48 HRS.	CONFIRMED	REMARKS		

WELL CONSTRUCTOR'S REPORT TO WI						
1. County Trilwanker	Town   learrellville					
<i>D</i> 1	(City   Check one and give name					
2. Location 3.7.5 & East lines  Name of street and number of premise	or Section, Town and Range numbers					
3. Owner or Agent Daul Marie of individual	oherek STON					
Traine of marriana,	yel chorumy or man					
4. Mail Address 3758 East Complete add	nerican learrollville Wi					
·	•					
5. From well to nearest: Building_15_ft; sewer						
dry well or filter bedft; abandoned well	ft					
6. Well is intended to supply water for: hame	<b>L</b>					
7. DRILLHOLE:	10. FORMATIONS:					
Dis. (in.) From (ft.) To (ft.) Dis. (in.) From (ft.) To (ft.)	Kind From To (ft.)					
10 0 20	black soil 0 1					
G 20 326	yellow clay 18 19					
8. CASING AND LINER PIPE OR CURBING:	sandy clay 120 139					
Dia. (in.) Kind and Weight From (ft.) To (ft.)	sance 30 169					
6 standard steel 0 226	blue clay 49 218					
hiple	hard pan 8 226					
7 0	Pine stone 100 326					
9. GROUT:						
Kind From (It.) To (It.)						
Truel cullings 0 20						
	Construction of the well was completed on:					
11. MISCELLANEOUS DATA:	march 19 1956					
Yield test: 20 Hrs. at 10 GPM.	The well is terminated inches					
<u> </u>	□ above, below □ the permanent ground surface.					
Depth from surface to water-level: _1.0_5 ft.	Was the well disinfected upon completion?					
Water-level when pumping:/_Qft.	Yes_Y No					
Water sample was sent to the state laboratory at:						
Tradison on March 21. 1956	Was the well sealed watertight upon completion?					
City	Yes_Y No					
, i , i ,	7570 So Stowell Fril 7 V					
Signature lassing Tayllutohi Registered Well Driller	Complete Mail Address					
Please do not w	rite in space below					
Rec'd MAR 22 1955 No.	10 ml 10 ml 10 ml 10 ml					
Ans'd	Gas-24 hrs					
	48 hrs.					
1 L 3 2 4 7	4/					
SAEE	B. Coli					

Examiner\_

1. County MICWAUKEE	Town   OAK CREEK   Check one and give name
2. Location 7925 E. AMERICA	City Check one and give name  AN ACE E2 NE, SE, Sec. 23 75NR22E  se or Section, Town and Range numbers
	i, partnership or firm
4. Mail Address 9205 So. CHICAC	RD. BAKCROBK, WIS.
5. From well to nearest: Building_5_ft; sewer	dress required   RON CLEARWATER  to IRON   FON CLEARWATER  to It; drain   5 ft; septic tank ft;
dry well or filter bedft; abandoned well_	ft. SEWOR IN STREET
6. Well is intended to supply water for:	ARE HOUSE
7. DRILLHOLE:	10. FORMATIONS:
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind From To (ft.)
10 0 20	BED CLAY 0 16
6 10 344	BLUB CLAY 16 190
8. CASING AND LINER PIPE OR CURBING:  Dia. (in.)   Kind and Weight   From (ft)   To (ft.)	PORUS LIMB 190 193
6 WROUGHT 0 193	Sol10 hlar 193 344
IRON PIPE	
17000 / 1/2	550 m 4004
9. GROUT:	DEC 27 1961
Kind   From (ft.)   To (ft.)	Y
CLAY SLURRY 0 20	ENGINEER INC
	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	DCT. 31 196/
Yield test: 4 Hrs. at 25 GPM.	The well is terminatedinches
Depth from surface to water-level:ft.	☐ above, below ☐ the permanent ground surface.
	Was the well disinfected upon completion?
Water-level when pumping:/26ft.	YesNo
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?
MADI 50 % on Dec, 19 1961	Yes No
Registered Well Driller	Complete Mail Address  Complete Mail Address
Rec'd UEC 201961 No. 48463	10 ml 10 ml 10 ml 10 ml
Ans'd	Gas-24 hrs.
Interpretation SAFE—BACTERIOLOGICALLY	48 hrs
SAFE-DAGIENT	Confirm
THE REAL PROPERTY AND STREET,	B, Coli
141  488  146	Examiner

WELL CONSTRUCTOR'S REPORT TO WAR SE Sec. 23 TSN R22E See Instructions	ISCONSIN STATE BOARD OF on Reverse Side	HEALTH				
1. County Frilwanker	Town Dearroll Village Dearroll City Check one and gr		Vis.			
	carrolville Stice	<b></b>				
	e or Section, Town and Range numbers	iga watan ing samulan samulan Samulan samulan samula				
3. Owner or Agent Name of individual	partnership or firm	SANITA	TION			
4. Mail Address 9202 - 8 2h Que	Corrollville	Otra				
Complete add	dress required					
5. From well to nearest: Building_/_4_ft; sewer	ft; drainft; septic tanl	kft	,			
dry well or filter bedft; abandoned well_	ft					
6. Well is intended to supply water for:	<b>-</b>					
7. DRILLHOLE:	10. FORMATIONS:					
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind	From (ft.)	To (ft)			
10 0 20	black soil	0	2			
6 20 226	sandy clay	160	162			
8. CASING AND LINER PIPE OR CURBING:	sand x gravel	30	192			
Dia. (in.) Kind and Weight From (ft.) To (ft.)	hard from	16	208			
6 Standwed steel 0 208	Lime stone	18	226			
pipe						
9. GROUT:						
Kind From (ft.) To (ft.)						
True cullings 0 20	Construction of the well was con	mpleted or	1:			
11. MISCELLANEOUS DATA:	march 7 1956					
		<u></u>				
Yield test: 4 Hrs. at 40 GPM.	The well is terminatedinchesinchesabove, below the permanent ground surface.					
Depth from surface to water-level: $_{-}U_{-}Q_{-}$ ft.	Was the well disinfected upon o					
Water-level when pumping:/_2_Qft.	_	-				
Water sample was sent to the state laboratory at:	Yes_¥ No					
madison on march 7 19.66	Was the well sealed watertight upon completion?					
City	Yes_Ł_	No.				
Signature Lavinser Tayollanshi Registered Well Driller	7570 So Slowel  Complete Mail Add		ril 7 0			
Rec'd MAR 9 1956 No. 2	10 ml 10 ml 10 n	nl 10 ml	10 ml			
- <del>-</del>	Cog 94 hyp					
Ans'd	Gas—24 hrs					
Interpretation	48 hrs. (					
	Confirm					
Manina SAF	B. Coli					

Examiner\_\_

1. Cot	Milwaume	•	Town Oak Creek					
Sw, NE, SE	Sec. 2 3 9244 -	8 AVE	. Carro	City Check one and Cliville, Wis. TEN R2	give name			
	Name of st	treet and nur	nber of premis	se or Section, Town and Range numbers  1. partnership or firm	AUS	234555		
4. Ma	il Address		Complete ed	Same  dress required				
			.ft;sewer_	ft; drainft; septic ta				
6. We	ll is intended to supply	water for		home				
	ILLHOLE:			10. FORMATIONS:	Thicknes	5		
Dis. (in.)	$\frac{ \text{From (ft.)} }{ 0 } - \frac{ \text{To (ft.)} }{ 25 } = \frac{ \text{Dia. (in} }{ 6 }$	25	- To (ft.)	Kind	From (ft.)	To (ft		
				red sandy clay	•	20		
	<u></u>			blue clay	90	110		
	SING AND LINER PII			sand	15	125		
6	Standard weight	From (ft.)	To (ft.)	blue clay	48	173		
		- - <del></del>	ļ- <del></del>	stoney gravel	5 2I	I78		
	Steel pipe	0	202-4"	hard pan		I(99		
	OLUE			lime rock	37	236		
9. GR	OUT: Kind	From (ft.)	To (It.)		<u> </u>	- <del></del>		
		0	25		_			
P1	uddled clay			Construction of the well was co	ompleted c	vn •		
11. N	IISCELLANEOUS DAT	'A:	_ <del>_</del>	Aug. 13	<b>-</b>	19 <b>55</b>		
Yield te	est:4 Hrs. at	15	GPM.	The well is terminated	8	inches		
Denth f	rom surface to water-lev	l. I	IO 4	above, below 🗌 the perman				
				Was the well disinfected upon	completion	n ?		
	evel when pumping:			Yes No				
Water s	ample was sent to the st	tate labora	atory at:	ſ				
Mad	uson on	ug,i	41955	Was the well sealed watertight upon completion?  Yes No				
	City	<del>-2</del> 1		res	No	<u></u>		
		<b>-1</b>	_ //	<b></b>				
Signatur	Registered Well Dri		12-C	Rt.2, Box 674 Hales Complete Mail Addition space below	orners dress	Wis-		
	Registered Well Dri	Plea	120 ase do not wri	Complete Mail Ada	dress	<u> </u>		
Rec'd	Registered Well Dri	26 No.	319	te in space below Complete Mail Ad	ml 10 ml			
Rec'd	Registered Well Dri	26 No.6	319	te in space below  Complete Mail Add  10 ml 10 ml 10:	ml 10 ml	10 ml		
Rec'd	Registered Well Dri	26 No.6	319	Gas—24 hrs.  Complete Mail Additional 10 ml 10 ml 10:	ml 10 ml	10 ml		
Rec'd	Registered Well Dri	Res 26	319	Complete Mail Addite in space below  10 ml 10 ml 10:	ml 10 ml	10 ml		

WELL CON	<b>ISTRUCTOR</b>	'S REPORT		WISCO	NSIN STAT	E BOARD OF	HEALTH			Wel d
I. COUNTY	My	1		CHECK	ONE   Village	NA)	ME /	60	/2	· · · · · · · · · · · · · · · · · · ·
2. LOCATIO	N (Mumber ar	nd Street or 1/4					name, lot and blo	ck numbers when a	vailable.)	
	ت	5962	<u>'_ گ</u>	, 4	meri	can U	re,		<u>.</u>	
7	AT TIME OF SESec 2375		0	Las	u La					
	S COMPLETE		ESS	0	m			=	BECEIV	/ED
5. Distanc	e in feet fro	om well to	nearest:  Bl	UILDING SAN	VITARY SEW	ER FLOOR DRAIN	FOUNDA	TION DRAIN	LWASTE WA	TER DRAIN
	nswer in appre		/	الى '	C. I TILE	C. I. TILE	SEWER CONNEC	Tion drain Ted independen	TMH&. 11 Q	1965E
CLEAR WA'	TER DRAIN TILE	SEPTIC TANI	K PRIVY S	EEPAGE PIT	ABSORPTIO	ON FIELD BAR	SILO AB	ANDONED WELL	SINKS HOLE A ENGINEE	
OTHER PO	LUTION SOU	JRCES (Give	description su	eh as dump,	quarry, drain	age well, stream,	pond, lake, (tc.)			
6. Well is	intended	to supply	water for:	1/	om	e				
7. DRILLH				· · · · · ·		10. FORMATI	IONS			
Dia. (in.)	From (ft.)	To (ft.)	Dia. (în.)/	From (ft.)	To (ft.)		Kind		From (ft.)	To (ft.)
10	Surface	40	6	40	257	$\mathcal{C}$	lay		Surface	120
					!	Mus	hie Da	nel	120	145
8. CASING	G, LINER, C	URBING, AI		From (ft.)	To (ft.)	Clay	0		145	190
6	20#8	tel De	To	Surface	193		Hard	Pan	190	193
		·				$\mathcal{L}$	imast	- A - A -	193	257
***************************************					<u>-</u>		vrugn	JALE	1/3	<u>507</u>
				· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·				
9. GROUT	OR OTHER		MATERIAL	From (ft.)	To (ft.)					
0 11	10-4	1 12.	, /	Surface		<del></del>				
Junes	Cellen	(s-FM	uof_		193				1	<u> </u>
		-				Well constru	ction complete	d on $5/5$	165	19
11. MISCE Yield test:	LLANEOUS	DATA 5	Hrs. a	at 10	GPM	Well is term	inated / 🗸	inches	above f	inal grade
Depth from	m surface to	o normal w	rater level	113		Well disinfected upon completion 🛮 🖽 🗀			□ No	
Depth to v	water level	when pum	ping	120	) ft.	Well sealed	watertight upo	on completion	<b>∠</b> Ye	√ □ No
Water san	nple sent to	° M	Made	son		laboratory on: 19				19
wells, scre		type of a	casing join	ts, method	l of finish	ing the well,		untered, and d ment used in g		
SIGNATURE						COMPLETE M	AIL ADDRESS			
		Mac	/ Ra	gistered W	'ell Driller	9/12-5		Oak	Creek	/* 2
	VI //	1		Please	do not w	rite in space	below			
COLIFORM	TEST RESULT		G	AS — 24 HRS.	GA	S — 48 HRS.	CONFIRMED	REMAI	uks	
M_L_3_		~	l liftaj			ے				

WELL CONSTRUCTOR'S REPORT TO See Instructi	O WISCONSIN STATE BOARD OF ions on Reverse Side	_	
1. County Milwaukee	(Town K Oak Creek	360	<b>.</b>
2. Location S.W. 01/4. of N.E. 1/4 of	$/Cit_{\mathbf{V}}$ Check one and $\mathbf{g}$	ive name	اری
3 Owner or Agent of Frank C. Bri		PANA	
4. Mail Address 624 1/2 Menomines A	ve. South Milwaukee Wisco	nsin	6
5. From well to nearest: Building 4 ft; sew	e address required er. 15 ft sentic ton	25 25 ft	
dry well or filter bedft; abandoned we			
6. Well is intended to supply water for:			
7. DRILLHOLE:	10. FORMATIONS:		
Dia, (in.)   From (ft.)   To (ft.)   Dia, (in.)   From (ft.)   To (ft.	II .	From (fr.)	Τn (fτ
10 0 20	Stony Clay	0	115
6 20 217	Sandy Clay	115	160
8. CASING AND LINER PIPE OR CURBING	G: Herd Pan	160	172
Dia, (in.) Kind From (ft.) To (ft.)	Lime Rosk	172	217
6 Steel Pips 0 174		_	
	_	-	
	-	-	
9. GROUT:  Kind   From (ft.)   To (ft.)			
Drill Cuttings 0 20	<b>-</b>	<u> </u>  .	
	Construction of the well was co	mpleted or	n:
11, MISCELLANEOUS DATA:	11/3/49		19
An An	📕 💾 above, below 🗌 the permane		
Depth from surface to water-level:f	ft. Was the well disinfected upon	completion	ι?
Water-level when pumping: f	ft.	No	
Water sample was sent to the state laboratory a	li .		
Kenosha 11/3/49 19		. upon con No.	_
City	Tes		
Signature Myron Acker & Sons	Hales Corners Wis.		
Registered Well Driller	ot write in space below Complete Mail Add	iress	
Rec'dNo	10 ml 10 ml 10 r	ml 10 ml	10 ml
Ans'd			
Interpretation			
[	B. Coli	<del></del>	

Examiner\_

WELL CONSTRUCTOR'S REPORT TO W  [NWSWNE Sc23 + 5N 222   See Instructions	VISCONSIN STATE BOARD OF on Reverse Side	HEALTH	
1. County South Frishwanke		k ive nam.	
2. Location 8 96 4 80 Chi	e or Section, Town and Range numbers	South	Gnil
3. Owner or Agent Name of individual	partnership or firm	IVEN-	
4. Mail Address Boy 101 Lo Complete add	dress required	9 1955	
5. From well to nearest: Building_/5_ft; sewer_	ENVIRON ft; draint; septic MAT		-
dry well or filter bedft; abandoned well_	ft,		
6. Well is intended to supply water for:ko	me		
7. DRILLHOLE:	10. FORMATIONS:	From } To	
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind	From To (ft.)	-
10 0 20	black soil	0 1	-
6 20 198	gellow chay	16 16	-
8. CASING AND LINER PIPE OR CURBING:  Dia. (in.)   Kind and Weight   From (ft.)   To (ft.)	blue clay	96 111	-
6 standard stul 0 145	sandy clay	27 135	_
di di	hard from	10 146	-
- Joseph	- Lance stone	53 198	
9. GROUT:			-
Kind From (ft.) To (ft.)			-
Fruid cutting 0 20		- <u></u>	
	Construction of the well was con	mpleted on:	
11. MISCELLANEOUS DATA:	ang 31	19_ <b>_</b>	⊋ ¯
Yield test: 4 Hrs. at 15 GPM.	The well is terminated	inches	<b>s</b> ,
Depth from surface to water-level:Z.Q ft.	🗆 above, below 🗀 the permane	nt ground surface	
_	Was the well disinfected upon o	completion?	
Water-level when pumping:ft.	Yes.X.	No	-
Water sample was sent to the state laboratory at:	Was the well sealed watertight	upon completion	?
Trudeson on Sept 1 1900		No	
Signature landing Lyllandri Registered Well Driller Please do not wr	75 70 So Show Complete Mail Add		1 Ch.
SEP 2 - 1955	10 ml 10 ml 10 r	nl 10 ml 10 ml	-
Rec'dNo			
Ans'd	Gas—24 hrs.		
InterpretationSAFE ,	48 hrs.		
	Confirm	<del></del> +	-
	B. Coli		••
	Examiner_		

## WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH SWNWNES 23T5N 222 E See Instructions on Reverse Side

				-						
1. Cou	inty		Milw	eukee.			Oak C	reek		
			_			(City		heck one ar	nd give name	7
2. Loc	ation	8871	S. C Tame of str	laicage eet and nu	AVE. mber of premi	se or Section, To	W. N.E. Se	c 23 T3	N ROZE	
3. Ow	ner Ă or	Agent	Geer	ge Hav	ranack e of individua	l, partnership or	 Arm		· • • • · · · · · · · · · · · · · · · ·	
4. Mai	il Addres	3S	88	70 S.	Chigago	Ave.				
				,	_ Complete ac	ldress required	·			
						ft; drai				
dry	well or	filter be	d. <b>#</b> f	t; aband	oned well_	ft			~~~~~	
6. We	ll is inte	nded to	supply w	ater for	•	Ноте	_			
	ILLHOL		~		* *************************************	10. FORM				
Dia. (in.)	From (ft.)		Dia. (in.)	From (ft.)	To (ft.)		Kind	<b>.</b>	From (it.)	To (ft.)
10	Q	25					C 18		6	152
6	25	155						•		1
8. CA			ER PIP	E OR C	URBING:		Grav	vel	152	155
Dia. (in.)		ind and Wei		From (ft.)	To (ft.)	<u></u>				
7	Steel			0	155		· · · · · · · · · · · · · · · · · · ·	<del>-</del>		
<del></del>				-					-11/5	<u> </u>
							F	REC	EIVE	
9. GR	OUT.			-l	<u> </u>			VAL	<del>8   1958 -</del>	- Aller
J. GIV	Ki	nd		From (ft.)	To (ft.)			NVIRC	NMEN	AL -
<del></del>	Cla	.v		0	25			SAN	TAZION	<u>u</u>
		· · · · · · · · · · · · · · · · · · ·				Constructi	on of the	e well was	completed o	n:
11. N	 Aisceli	ANEOI	IS DAT	 А :	<del></del>			11/12		1958
					977.5	ll		•		
Yield to	est:7		Hrs. at	_400	GPM.	The well i	s termina helow []	ated the nerms	anent ground	inches
Depth f	rom sur	face to v	vater-lev	el: <b>.7.5</b>	i ft.					
Water-l	evel whe	n pump	ing:	80	ft.	Was the v	vell disin:	fected upo	on completion	n?
					atory at:			Yes.	<u>x</u> No	
	-				•	Was the v	vell seale	d watertig	ght upon cor	npletion?
WGWIRD	City	(	n 41/1		19_57			Yes.	x No	
	0	11			<del></del>	Ц		<del></del>		<del></del>
Signatu	re M	egistered	Well Dri	ller Ple	ease do not w	Route	Com	k 176 W plete Mail	<u>aterford</u> Address	. Wis.
					······································	T	10 ml	10 ml	10 ml 10 ml	10 ml
Ans'd						Gas-24 hrs.				
Interpret	ation					48 hrs.				
						Confirm				
						B. Coli		~~~~~~		
M L 3 2	6 4							Examine	e <b>r</b>	
						,		~~~~~~~~~~~	·	

DLIFORM TEST RESULT

	VISCONSIN STATE BOARD OF HEALTH on Reverse Side
1. County Miles	Town   Cal 2   Seek one and give name
2. Location 8770 - Communication Name of street and number of premise	Altago Quinters
3. Owner or Agent of John Color	7A /-
Name of individual	partnership or firm
4. Mail Address Complete address	Tress required
1 4	ft; drainft; septic tankft;
dry well or filter bedft; abandoned well_	ft
6. Well is intended to supply water for:	from S-
7. DRILLHOLE:	10. FORMATIONS:
Dia. (in.) From (it.) To (it.) Dia. (in.) From (it.) To (it.)	Klock From To (ft.) (ft.)
10 0 30 6 30 213	100 Con 0 20
	Blue Clay 20 155
8. CASING AND LINER PIPE OR CURBING:	Hard flay 155 171
Dia. (in.) Kind and Weight From (ft.) To (ft.)	Lungton 171 21.5
2 Oct 20 0 1/1	
	V
9. GROUT:  Kind 7   From (ft.)   To (ft.)	
om.	
- Musy	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	12/1/59 19
	1/1/
Yield test: Hrs. at GPM.	The well is terminated inches inches above, below _ the permanent ground surface.
Depth from surface to water-level:ft.	•
Water-level when pumping:fc.	Was the well disinfected upon completion?
Water sample was sent to the state laboratory at:	
on 12/1/59 19	Was the well sealed watertight upon completion?
City 011 75-17-19	Yes_ CNo
Signature Registered Well Driller Please do not wri	9 Mars Signal Flore So Marcha Complete Mail Address
Rec'd	10 ml 10 ml 10 ml 10 ml
Ans'd	Gas—24 hrs.
Interpretation	48 hrs.
I HUZ DAN EN ALL ALL	Confirm
<b>!                                       </b>	B. Coli
3 2 6 7	Examiner

# WELL CONSTRUCTION REPORT WISCONSIN STATE BOARD OF HEALTH WELL DRILLING DIVISION



WELL DRILLING DIVISION Note: Section 32 of the Wisconsin Well Drilling Sanitary Code, having the force and effect of law, provides that within thirty days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board. Owner New Deal Sanday District Driller Levy Radthe
Street or RFD Consvelled Post Office Pacine, tris Post Office Consoville Date 9/30/39 Permit No. 90 LOCATION OF PREMISES The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section.

Cost of Hy 42 on east end of the premises in the section.

Describe forther by subdivision, plat, district, lake, lot,

American Ave adjoining the block, nearest principal highway, etc., whichever apply.

Twp. Journ 4 role

Range 22 E DIAGRAM OF PREMISES See discussion and illustration in Part III Well Drilling Code. In making the diagram in the space below consider 10 ft. as the distance between lines. Be sure to indicate NORTH.



m may be obtained in lots of 12 for 25¢. Send remittance with order to State Board of Health, Well Wis.

### WELL LOG and REPORT

In this column indicate the kind of casing, liner, shoe and other accessories used.	WELL DIAGRAM Use a red line to show casin or liner pipe. Use black for	In this column state the kind of formations penetrated, their thickness in feet and if water bearing.	Record of FINAL Pumping test
youngtown dilleis	Inches Diameter 2 3 4 5 6 8 10 12 14 16 18 Dep	Surface soil x Clay	Duration of test Hours /
special fripse	7   1   1   1   1   1   1   1   1   1		Pumping rate G.P.M. /3
cement grout !	55	Light blue 27'	Depth of pump in well. Ft.
		Heavy granel 201	Standing water-level (from surface)  Ft. 44
	74	1051 Red Clay 5!	Water-level when pumping Ft\(\frac{1}{2}\)-6
	10	0 /25	Water. End of test. Clear X
		Jught ned Clay 20'	Turbid Was the well sterilized?
	15	175 Blue Clary 30'	Yes _X No
	20	183' June atocienis	To which laboratory was sample sent?  Line Laboratory was a sample sent?
		Jame stone 32'	Was the well sealed or completion?
	40	0_	YesX NoHow high did you leave th
	80	<u>o</u>	casing-pipe above grade?  Well was completed
			Date 7/30/37
3268_2	Draw the diagram to show the right half only	0	Well Driller Dadthe

1. County Milw		Town □ Village □	Oa	12 C	rech		
2. Location 4042 - Name of street and number	(CA)	City Town		k one and g Sw.Sw.		T5N R22	2E
3. Owner $\square$ or Agent $\square$	130	es a	- 194	colty	Co.		
4. Mail Address	elle	ess required			/ w q = w = .		
5. From well to nearest: Building 20ft;	sewer	ft; drain.	ft;	septic tan	kft	;	
dry well or filter bedft; abandone	,	/ -					
6. Well is intended to supply water for:	<i>f</i>				<del></del> -		
7. DRILLHOLE:  Dia. (in.)   From (ft.)   To (ft.)   Dia. (in.)   From (ft.)	To (ft.)	10. FORMA			From (ft.)	To (ft.)	
	7	1	7 Kind		·		
10 0 50 6 50 à	(67-	_ Cla	M D		0	120	
		Musk	Ja Sa	nd	120	165	
8. CASING AND LINER PIPE OR CUR	- 11	$-\mathcal{C}V$	6)40 -	<u> </u>	16.5	190	_
· <del></del>	To (ft.)	Haz	of by	an	190	198	_
6 Stad 0 1	<b>72</b> -	Lin	nestor	nl .	198	264	<b>m</b> '
					REC	LIVE	U.
9. GROUT:				. ·	/ AUG	<u>15 1961</u>	1
Kind From (ft.)	To (ft.)		. <u>.                                   </u>		1	· <del></del>	v
Much		Constructio	+1		C. L. M	.FFR	N G
		Constructio	_ / /	en was-co	ampieten o	n <b>= -</b> ** ·	
11. MISCELLANEOUS DATA:		/	15/61		4	_ 19	
Yield test: 5 Hrs. at 10	GPM.	The well is	terminate	ed	Lt-	_ inches	
Depth from surface to water-level:	5 ft.	Z above, be					
115	ft.	Was the we	ell disinfec				
	· · · · · · · · · · · · · · · · · · ·			Yes	No.		
Water sample was sent to the state laborate		Was the wo	ell sealed	watertigh	t upon cor	apletion?	
City on	19			Yes. Z	No		
PPM,							
Signature Registered Well Priller Please	 e do not write	e in space below	Comple	te Mail Ad	dress		
Rec'dNo			10 ml 1	0 ml 10	ml 10 ml	. 10 ml	
Ans'd		Gas—24 hrs.					
Interpretation		48 hrs.					
and the second s		Confirm					
		B. Coli		~			کام
-				Examiner_			· . ·

Wel. 6

1. Con	inty $N\omega$ , $SE$ , $S\omega$ ,	See In	structions	on Reverse Side  (Town March 2332-6  Village Oak Creek )	1 cm 1-1	, <b>60</b> . White Period P	
N,R 22E	7 NW, SE, SW,	Town of C	ak Cree	City Check one and check, Milwaukee County	<b>Ve ва</b> те		
2. Loc	251/11/11			e or Section. Town and Range numbers	<del>SARITA</del> 1	HON	
8. Ow		Allis C	halmers	Manufacturing Company partnership or firm	1, SE, SW.		] iai
4. Ma	il Address	1126 So		h Street, West Allis, W	iscons	<u>in - `</u> C	ff
			ft; sewer	ft; drainft; septic tankft.			
6. We	ll is intended to s	upply water for:	Fir	e Protection			
	ILLHOLE:			10. FORMATIONS:			
Dia. (In.)	From (ft.) To (ft.)	Dia. (in.) From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)	
16	0 680		····	Sand, gravel & clay	0	190	
_12	680 1757			Limestone	190	435	
8, CA	SING AND LIN	ER PIPE OR CU	RBING:	Shale	435	670	
Dia. (in.)	Kind and Weig		To (ft.)	Limestone	670	925	
16	Steel	3' above ground sur	190	Sandstone with streaks	925	1030	
12	Stee1	180	680	of shale Sandstone	1030	1757	
9. GR	OUT:						
	Kind	From (ft.)	To (ft.)				
NO G	ROUT REQUIRE	D		Construction of the well was con	npleted or	n:	
11. I	MISCELLANEOU	S DATA:		February		<b>19</b> . 54	
Yield t	est:10;	Hrs. at752		The well is terminated appro			
	from surface to w			Was the well disinfected upon c	ompletion	1?	
Water-	level when pumpi	ng:175_	ft.	_	X No.		
	sample was sent t N CARE OF MY			Was the well sealed watertight	-	-	
	City			Yes	X No.		
LAYN Signatu	E-NORTHWEST Ire Registered	Well Driller		t, 6005 W. Martin Dr., Complete Mail Add	Milwaul ress	cee_13,	W
Rec'd		No		10 ml 10 ml 10 n	nl 10 ml	10 ml	
Ans'd				Gas-24 hrs			
Interpre	tation			48 hrs			
				Confirm		<del></del>	
				B. Coli			

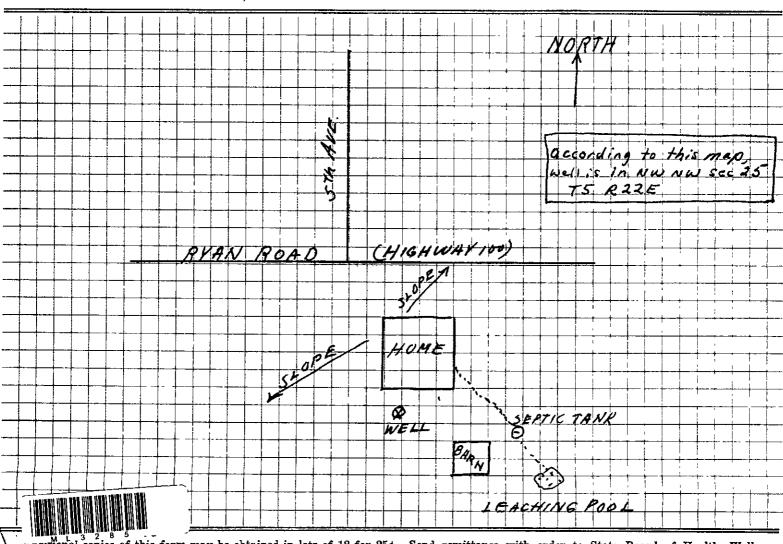
Examiner\_

See Histiactions	(Town X)				
1. County Milwaukee	Village Creek, J	Vis.			
2. Location Job on Plevak Rd. N. 4.	this La. Sict 24 1.	5N R. 22 [?]			
	e or Section, Town and Range numbers				
3. Owner $\square$ or Agent $\square$ Bill Mark Name of individual,	- ·				
4. Mail Address	Corest Hill Ave. Oak	EC, EIVED			
5. From well to nearest: Building15_ft; sewer	_25_ft; drain25_ft; septic tar	nk 50 ft; 1961			
dry well or filter bedft; abandoned well	ft.				
6. Well is intended to supply water for:F	arm Home	SANITARY PROPERTNE			
7. DRILLHOLE:	10. FORMATIONS:				
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	Kind	From To (ft)			
10 0 142	Puddled Clay	0 142			
6 0 240	Sand and gravel	142 148			
8. CASING AND LINER PIPE OR CURBING:	Limerock	148 240			
Dia. (in.) Kind and Weight From (ft.) To (ft.)		CEIVED			
70D Steel 0 148					
		SEP 26 1961			
	4.7.	3EP 20 1301			
9. GROUT:		Y			
Kind From (%) To (ft.)	<u> </u>	N G			
Puddled Clay 0 148	Construction of the well was co	ompleted on:			
11 MICCOLL ANDOLIG DAMA		`			
11. MISCELLANEOUS DATA:	Sept. 12 1961				
Yield test:14 Hrs. at10 GPM.	The well is terminated inches above, below _ the permanent ground surface.				
Depth from surface to water-level:125 ft.					
Water-level when pumping:130ft.	Was the well disinfected upon completion?				
	Yes	-X No			
Water sample was sent to the state laboratory at:	Was the well sealed watertigh	t upon completion?			
Madison on Sept 18 1961	Yes	_ <b>X</b> No			
Henry Lent	10565 W 12-1 D3	Emosletical de la late -			
Signature Registered Well Driller	12565 W. Lisbon Rd. Complete Mail Ad	dress			
	ite in space below	m1 10 m1 10 m1			
Rec'd_SEP 19 1961 N37209	10 ml 10 ml 10	ml 10 ml 10 ml			
Ans'd	Gas-24 hrs				
Interpretation SAFE—BACTERIOLOGICALLY	48 hrs				
	Confirm				
	B, Coli				

#### FFB -9 194"

#### WELL CONSTRUCTION REPORT WISCONSIN STATE BOARD OF HEALTH WELL DRILLING DIVISION

days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board.
Owner Cyril Juran Driller Knaach & Sou Co.
Street or RFDSElor Ryan Rd+ 5th Que Post Office /4239.5latst. Milianke
Post Office Carrollville Wis Date Feb 2, 1940 Permit No. 226
LOCATION OF PREMISES
Melwankee  County  Town  Town  Town  The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section  NW NW Sec. 25  Sec. 24  TwpOek Creek  block nearest principal highway, etc., whichever apply.  The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section.  NW NW Sec. 25  TwpOek Creek  Range 22 { E
DIAGRAM OF PREMISES
See discussion and illustration in Part III Well Drilling Code. In making the diagram in the space below consider 10 ft. as the distance between lines. Be sure to indicate NORTH.



Additional copies of this form may be obtained in lots of 12 for 25¢. Send remittance with order to State Board of Health, Well Drilling Division, Madison, Wis.

The second of th

County Wilw	Twp.	abe.	· -	Sec. 26	· ·
,		Office Record—Do			7
<u> </u>	1 TEN R22E	4 2 '	· NE N	E & Sec. 26	/

#### TO THE WISCONSIN STATE BOARD OF HEALTH, WELL DRILLING DIVISION, MADISON, WIS.

### WELL LOG PREMISES DIAGRAM, and REPORT

For Official Record of the Board (TO BE USED FOR THAT PURPOSE ONLY)

Registration No. Give below the location of the property on which well is drilled. If incorporated village or city: ... **B**lk. Street and No. If unincorporated hamlet ... Twp. Name County Highway If Lake Shore Plat Name of Plat Lake Lot Blk. Highway If School. Twp. District If other public building Miscellaneous Lu

	Kind	County	Twp.	Sec.
- - -	WELL	LOG a	and REPORT	
Kind of casing and liner in feet. Kind of shoe. Indicate grout, screen, seal, etc.	WELL DI. Vertical Lines Horizontal Lines	= in. Dia.	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
91' 9 5" Steel Trive pape down 194'	0 2 3 4 5 6 8	10 12 14 16 18 24	0' To4' Pit	Duration of test.
down 194'	25	+ 25		Pumping Rate.
o' oldwell	- 1			Depth of pump in well.  Ft
g' of old well filled with Clay.	50	50	4' To 134' old Well.	Standing water-level (from surface.)  Ft
	75	75	Cased with 12" Coment Pepe	Water level when pumpin
	100	100	Coment Pefel	Water. End of test. Chec
				TurbidWas well sterilized befo
	150	150	139' To 193'	Yes No Date 6/19/37
Torged Steel Shoe.	200	200		To which Laboratory w sample sent?  Madisor  Date 6/22/3
<i>O</i>			193' To 232'-8" Lime Rock	Was the well sealed of completion? Yes Purify Insta
	400	400		How high did you leave casing above grade?
	600	800		Well was completed  6/22  19-3/
ANNA DA ON AN AND CONTROL DO				Well Driller:
	1200	1200		Signature.  (Be sure to complete the report on the reverse side

#### PREMISES DIAGRAM

(See Rules)

Draw a representative sketch of the premises on which this well is located, showing the location of the well with reference to buildings and possible sources of pollution. Indicate the condition of the surroundings by printing descriptive words like high, low, level, slope, lake, river, swamp, forest, meadow, barnyard, cesspool, privy, sewer, etc., at their respective locations and show distance from the well on the sketch. Also show direction of the compass. See Part III of Code for specimen Diagram.

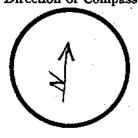
(Each division equals 10') (If more or less indicate:

REMARKS:

848	NORTH					
premi	:		×			
ndicate position of premises in the Section						
e posit in the						
ndicat						

Ryan Road Javon -

Showing in circle the Direction of Compass



Note: Additional copies of this form may be obtained at 5c per copy in lots of 10 or more. Send remittance with order to State Board of Health, Well Drilling Division, Madison.

3406-2

WELL CONSTRUCTOR'S REPORT TO W	ISCONSIN STATE BOARD OF HEALTH on Reverse Side					
•						
1. County Milwauber 75N R22E 3981- C. PHA	Village City 7 Check one and give name					
2. Location 3781- Quantum of the street and number of the miss	NE, NE, NE, Sec 26 OCT					
Name of street and number of premise	e or Section, Town and Range numbers					
3. Owner for Agent   Very Pers	andl					
Name of individual	partnership or firm					
4. Mail Address Complete add	ress required					
	ft; drainft; septic tankft;					
5. From wen to nearest: Bunding_2	it; drainit; septic tankit;					
dry well or filter bedft; abandoned well	ft					
6. Well is intended to supply water for:	ome					
7. DRILLHOLE:	10. FORMATIONS:					
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)	From To (ft.)					
10 0 36 6 20 288	Clay 0 120					
	Sanal 120 123					
8. CASING AND LINER PIPE OR CURBING:	Class 123 196					
Dia. (in )   Kind and Weight   From (ft.)   To (ft.)	1/-1/1/1/195					
6 Stal Della 20 0 198	176 178 176 178 198°					
C 2500 (290 x 5 0 170	Timestone 198 388					
9. GROUT:						
Kind From (It.) To (It.)						
Musi Cellings 0 198	Construction of the well was completed on:					
11. MISCELLANEOUS DATA:	19					
Yield test: 5 Hrs. at 10 GPM.	The well is terminated inches					
	☐ above, below ☐ the permanent ground surface.					
Depth from surface to water-level:/2_0 ft.	Was the well disinfected upon completion?					
Water-level when pumping:125ft.	Yes					
Water sample was sent to the state laboratory at:						
_	Was the well sealed watertight upon completion?					
Made on 19	Yes No					
PPhu	2112 Dr 1. th M. P.					
Signature Registered Well Brille	7112-20.13th Cals Creek Williams					
Please do not wr	te in space below					
Rec'dNo	10 ml 10 ml 10 ml 10 ml					
	Gas—24 hrs.					
Ans'd						
Interpretation	48 hrs					
	Confirm					
VIDA NA 10 DA HAN DA KANA	B. Coli					
	Examiner					
E7-7 7 6	1					

	ONSIN UNIQUE WE			ML76	39	State of Wi-Private Water Syste Department Of Natural Resource		Form 330 (Rev 12/	
SOURCE: WELL CONSTRUCTION  Property HYNITE CORP  Telephone						Madison, WI 53707		epth <b>430</b>	FT
Owner	4301 E DEPOT RD		ımber	_	_			Fire#	
Audress	4301 E DEPOT RD	State	Zip Cod	0		of OAK CREEK Street Address or Road Name	and Number		
	OAK CREEK	WI		5315		4301 E DEPOT RD	and rumber		
20unty of 41	Well Location  MILWAUKEE	2 Co Well Permit No W	Wence	mpletion D		Subdivision Name	Lot#	Block #	
Well Constructor License # Facility ID (Public) KENNETH R SWEENEY 583				Gov't Lot or Section 24 T 5 N	SW 1/4 of N R <b>22</b> E	W 1/4 of			
			Public Well Plan Approval#		Latitude Deg. Min. Longitude Deg Min.				
City		State Zip Code	Date Of Ap	proval		2. Well Type 1	1=New	Lat/Long N	lethod
FRAN Hicap We		WI 53132	····			2=Replacement (S	ee item 12 below)		
псар we	en#	Common Well #			gpm/ft	3=Reconstruction of previous unique well #	constructed in	0	
Well Ser		or INDUSTRIAL BU		High Cap		Reason for replaced or recon	structed Well?		
N M=	=Munic O=OTM N=NonCom	estaurant, church, school, P=Private Z=Other	industry, etc.)	Well? Property?	N N	1 1=Drilled 2=Driven Poir	nt 3—Jetted 4—Other		
	NonPot A=Anode L=Loop F		from any conta			ding those on neighboring proper			
	<ol> <li>Building Overhang</li> <li>1=Septic 2= Hold</li> <li>Sewage Absorption</li> <li>Nonconforming Pit</li> <li>Buried Home Heatin</li> <li>Buried Petroleum T</li> </ol>	Unit ng Oil Tank ank	12. 13. 14.	Building Se 1=Cas Collector Se	Drain to S ain n or Plastic wer 1 st Iron or F ewer:	ewer 20. 21. 2 2=Other 22. Gravity 2=Pressure  lastic 2=Other 23. units in . diam. 24		1=Gravity 2=P or Plastic 2=O ge	
	8. 1=Shoreline 2= le Dimensions and Con	Swimming Pool	16.	Clearwater S	•				T
	From To Upper En	larged Drillhole	Lower Oper		Geology Codes	Type, Caving/Noncaving, Co	olor, Hardness, etc	From (ft.)	To (ft.)
	2. 1	Rotary - Mud Circulation Rotary - Air				STONEY BROWN CLAY		0	7 -
60	urface 430 3. Rotary - Air and Foam U_C_					BLUE CLAY		7	138 171
6.0 s	- 4	•	mmar		II CG			138	
0.0 s	5.	Drill-Through Casing Ha Reverse Rotary		ŀ		STONY BLUE CLAY		138 171	
0.0 s	5. 6.	Drill-Through Casing Ha Reverse Rotary Cable-tool Bit in.	dia		G_			138 171 187	187 421
0.0 s	5. 6. 7.	Drill-Through Casing Ha Reverse Rotary Cable-tool Bit in. Temp. Outer Casing Removed ?	dia		G_ L_	STONY BLUE CLAY GRAVEL		171	187
	5. 6. 7.	Drill-Through Casing Har Reverse Rotary Cable-tool Bit in. Temp. Outer Casing Removed ?	dia in. dia	 _ depth ft.	G_ L_ LH	STONY BLUE CLAY GRAVEL LIMESTONE		171 187	187 421
Casing L	5. 6. 7. Oth	Drill-Through Casing Har Reverse Rotary Cable-tool Bit in. Temp. Outer Casing Removed ?	dia		G_ L_ LH	STONY BLUE CLAY GRAVEL LIMESTONE LIMESTONE @ SHALE		171 187 421	187 421 427
	5. 6. 7. Oth	Drill-Through Casing Ha Reverse Rotary Cable-tool Bit in. Temp. Outer Casing Removed ? er eight, Specification & Method of Assembly STM A53B	dia in. dia From	 _ depth ft. To	G_ L_ LH	STONY BLUE CLAY GRAVEL LIMESTONE LIMESTONE @ SHALE		171 187 421	187 421 427
Casing L	5. 6. 7. Oth Ciner Screen Material, W. Manufacturer &	Drill-Through Casing Ha Reverse Rotary Cable-tool Bit in. Temp. Outer Casing Removed ? er eight, Specification & Method of Assembly STM A53B	dia in. dia From (ft.)	To (ft.)	G_ L_ LH	STONY BLUE CLAY GRAVEL LIMESTONE LIMESTONE @ SHALE		171 187 421	187 421 427
Casing L	5. 6. 7. Oth Ciner Screen Material, W. Manufacturer &	Drill-Through Casing Ha Reverse Rotary Cable-tool Bit in. Temp. Outer Casing Removed ? er eight, Specification & Method of Assembly STM A53B	dia in. dia From (ft.)	To (ft.)	G_ L_ LH H_	STONY BLUE CLAY GRAVEL LIMESTONE LIMESTONE @ SHALE	v 24 <sup>in</sup>	171 187 421 427 A Gra	187 421 427 430
Casing L	5. 6. 7. Oth Ciner Screen Material, W. Manufacturer &	Drill-Through Casing Har Reverse Rotary Cable-tool Bit in. Temp. Outer Casing Removed? er eight, Specification & Method of Assembly STM A53B	dia in. dia From (ft.)	To (ft.)	G LH H 9. Statio 96.0 -10. Pump	GRAVEL LIMESTONE LIMESTONE @ SHALE SHALE  Water Level feet B ground surfa=Above B=Belov  Test ng level 180.0ft. below surface	Developed?	171 187 421 427 A Gra a. A=Above B	187 421 427 430
Casing L Dia. (in.) 6.0	5 6 7. Oth  Ciner Screen Material, W.  Manufacturer &  18 97LB PER FT A:  SAWHILL WELDED	Drill-Through Casing Ha Reverse Rotary Cable-tool Bit in. Temp. Outer Casing Removed ? er eight, Specification & Method of Assembly STM A53B O	from (ft.)	To (ft.)	G LH H 9. Statio 96.0 -10. Pump Pumpi	GRAVEL LIMESTONE LIMESTONE @ SHALE SHALE  Water Level feet B ground surface=Above B=Below Test ng level 180.0ft. below surface	Developed? \\ \text{Disinfected?} \\ \text{Capped?} \\ \text{Capped.} \\ \text{Capped.} \\ \text{Capped.} \\ Cappe	171 187 421 427 A Gra a. A=Above B	187 421 427 430

8LB 20 BENTOMITE CRUMBLES	surface	0.0	13. Initials of Well Constructor or Supervisory Driller KRS	Date Signed 6/22/98
			Initials of Drill Rig Operator (Mandatory unless same as above)  MW	Date Signed 6/22/98

Additional Comments?
Owner Sent Label?

Variance Issued? More Geology?

Batch 522