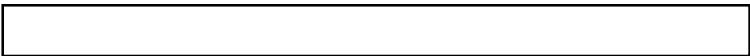


APPENDIX J

Private Well Construction Logs



WISCONSIN UNIQUE WELL NUMBER

SOURCE: GRN NO DETAIL

BE695

State of Wi-Private Water Systems-DG/2
Department Of Natural Resources, Box 7921
Madison, WI 53707

Form 3300-77A
(Rev 12/00)

Depth 1600 FT

Property Owner: ALLIS CHALMERS
Telephone Number: - -
Mailing Address: 9180 5TH AVE
City: OAK CREEK State: WI Zip Code: 53154
County of Well Location: 41 MILWAUKEE SE
Co Well Permit No: W Well Completion Date: January 2, 1960
Well Constructor License # Facility ID (Public)
Address Public Well Plan Approval#
City State Zip Code Date Of Approval
Hicap Well # 54801 Common Well # FIRE PROTECTION gpm/ft

1. Well Location
T=Town C=City V=Village Fire#
Street Address or Road Name and Number: 09180 5TH AVE
Subdivision Name Lot# Block #
Gov't Lot Section 24 T 5 N R 22 E 1/4 of SW 1/4 of
Latitude Deg. Min. Longitude Deg. Min.
2. Well Type 1=New Lat/Long Method
2=Replacement (See item 12 below)
3=Reconstruction of previous unique well # constructed in
Reason for replaced or reconstructed Well?
1=Drilled 2=Driven Point 3=Jetted 4=Other

3. Well Serves # of homes and or
(eg: barn, restaurant, church, school, industry, etc.)
M=Munic O=OTM N=NonCom P=Private Z=Other
X=NonPot A=Anode L=Loop H=Drillhole
High Capacity: Well? Property?

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?
Well located in floodplain?
Distance in feet from well to nearest: (including proposed)
1. Landfill 2. Building Overhang 3. 1=Septic 2= Holding Tank 4. Sewage Absorption Unit 5. Nonconforming Pit 6. Buried Home Heating Oil Tank 7. Buried Petroleum Tank 8. 1=Shoreline 2= Swimming Pool
9. Downspout/ Yard Hydrant 10. Privy 11. Foundation Drain to Clearwater 12. Foundation Drain to Sewer 13. Building Drain 1=Cast Iron or Plastic 2=Other 14. Building Sewer 1=Gravity 2=Pressure 1=Cast Iron or Plastic 2=Other 15. Collector Sewer: ___ units ___ in . diam. 16. Clearwater Sump
17. Wastewater Sump 18. Paved Animal Barn Pen 19. Animal Yard or Shelter 20. Silo 21. Barn Gutter 22. Manure Pipe 1=Gravity 2=Pressure 1=Cast iron or Plastic 2=Other 23. Other manure Storage 24. Ditch 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method
From To Upper Enlarged Drillhole Lower Open Bedrock
Dia.(in.) (ft) (ft)
-- 1. Rotary - Mud Circulation -----
-- 2. Rotary - Air -----
-- 3. Rotary - Air and Foam -----
-- 4. Drill-Through Casing Hammer
-- 5. Reverse Rotary
-- 6. Cable-tool Bit ___ in. dia -----
-- 7. Temp. Outer Casing ___ in. dia. ___ depth ft.
Removed ?
Other

8. Geology Geology From To
Codes Type, Caving/Noncaving, Color, Hardness, etc (ft.) (ft.)

6. Casing Liner Screen Material, Weight, Specification From To
Dia. (in.) Manufacturer & Method of Assembly (ft.) (ft.)
16.0 surface 190

9. Static Water Level feet ground surface
..=Above B=Below
11. Well Is: Grade
in. A=Above B=Below
Developed?
Disinfected?
Capped?

7. Grout or Other Sealing Material
Method From To #
Kind of Sealing Material (ft.) (ft.) Sacks
Cement

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property?
If no, explain



[Empty box]

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?

Batch

[Empty box]

[Empty box]

WISCONSIN UNIQUE WELL NUMBER
SOURCE: GRN NO DETAIL

BH651

State of Wi-Private Water Systems-DG/2 Form 3300-77A
Department Of Natural Resources, Box 7921 (Rev 12/00)
Madison, WI 53707

Property Owner **ST MATTHEWS SCHOOL** Telephone Number - -

Depth FT

Mailing Address 9303 S CHICAGO RD

1. Well Location
of T=Town C=City V=Village Fire#

City OAK CREEK State WI Zip Code 53154

Street Address or Road Name and Number

County of Well Location 41 SE MILWAUKEE Co Well Permit No W Well Completion Date January 2, 1960

Subdivision Name Lot# Block #

Well Constructor License # Facility ID (Public)

Gov't Lot Section 23 T 5 N R 22 E or NW 1/4 of SE 1/4 of

Address Public Well Plan Approval#

Latitude Deg. Min. Longitude Deg. Min.

City State Zip Code Date Of Approval

2. Well Type 1=New Lat/Long Method

Hicap Well # 90077 Common Well # 61-049 gpm/ft

2=Replacement (See item 12 below)
3=Reconstruction of previous unique well # _____ constructed in _____
Reason for replaced or reconstructed Well?

3. Well Serves # of homes and or (eg: barn, restaurant, church, school, industry, etc.)
M=Munic O=OTM N=NonCom P=Private Z=Other
X=NonPot A=Anode L=Loop H=Drillhole

High Capacity: Well? Property?
1=Drilled 2=Driven Point 3=Jetted 4=Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?
Well located in floodplain?

- Distance in feet from well to nearest: (including proposed)
 1. Landfill
 2. Building Overhang
 3. 1=Septic 2= Holding Tank
 4. Sewage Absorption Unit
 5. Nonconforming Pit
 6. Buried Home Heating Oil Tank
 7. Buried Petroleum Tank
 8. 1=Shoreline 2= Swimming Pool
- 9. Downspout/ Yard Hydrant
- 10. Privy
- 11. Foundation Drain to Clearwater
- 12. Foundation Drain to Sewer
- 13. Building Drain
1=Cast Iron or Plastic 2=Other
- 14. Building Sewer 1=Gravity 2=Pressure
1=Cast Iron or Plastic 2=Other
- 15. Collector Sewer: ___ units ___ in . diam.
- 16. Clearwater Sump
- 17. Wastewater Sump
- 18. Paved Animal Barn Pen
- 19. Animal Yard or Shelter
- 20. Silo
- 21. Barn Gutter
- 22. Manure Pipe 1=Gravity 2=Pressure
1=Cast iron or Plastic 2=Other
- 23. Other manure Storage
- 24. Ditch
- 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From To		Upper Enlarged Drillhole	Lower Open Bedrock
Dia.(in.)	(ft)	(ft)	
	surface		
		-- 1. Rotary - Mud Circulation -----	
		-- 2. Rotary - Air -----	
		-- 3. Rotary - Air and Foam -----	
		-- 4. Drill-Through Casing Hammer	
		-- 5. Reverse Rotary	
		-- 6. Cable-tool Bit ____ in. dia -----	
		-- 7. Temp. Outer Casing ____ in. dia. ____ depth ft. Removed ?	
		Other	

8. Geology Geology From To

Codes	Type, Caving/Noncaving, Color, Hardness, etc	(ft.)	(ft.)

6. Casing Liner Screen Material, Weight, Specification From To

Dia. (in.)	Manufacturer & Method of Assembly	(ft.)	(ft.)
		surface	

9. Static Water Level

feet ground surface
..=Above B=Below

11. Well Is: Grade

Developed? in. A=Above B=Below

10. Pump Test

Pumping level ft. below surface
Pumping at GP Hrs

Disinfected?

Capped?

7. Grout or Other Sealing Material

Method	From To	# Sacks Cement
Kind of Sealing Material	(ft.) (ft.)	

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property?
If no, explain

[Empty box]

--

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?				
----------------------	--	--	--	--

Variance Issued?				
------------------	--	--	--	--

Owner Sent Label?				
-------------------	--	--	--	--

More Geology?				
---------------	--	--	--	--

				Batch
--	--	--	--	--------------

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WISCONSIN UNIQUE WELL NUMBER

SOURCE: GRN NO DETAIL

GM802

State of Wi-Private Water Systems-DG/2
Department Of Natural Resources, Box 7921
Madison, WI 53707

Form 3300-77A
(Rev 12/00)

Property Owner **JAMES BRANSKI** Telephone Number **414 - 762 - 4666**

Mailing Address **9212 S 8TH AVE**

City **OAK CREEK** State **WI** Zip Code **53154**

County of Well Location **SE 41 MILWAUKEE** Co Well Permit No **W** Well Completion Date

Well Constructor License # Facility ID (Public)

Address Public Well Plan Approval#

City State Zip Code Date Of Approval

Hicap Well # Common Well # gpm/ft

1. Well Location

T=Town C=City V=Village Fire#

Street Address or Road Name and Number

Subdivision Name Lot# Block #

Gov't Lot Section **23** T **5** N R **22** E or **NE** 1/4 of **SE** 1/4 of

Latitude Deg. Min. Longitude Deg. Min.

2. Well Type 1=New Lat/Long Method

2=Replacement (See item 12 below)

3=Reconstruction of previous unique well # _____ constructed in _____

Reason for replaced or reconstructed Well?

1=Drilled 2=Driven Point 3=Jetted 4=Other

3. Well Serves # of homes and or (eg: barn, restaurant, church, school, industry, etc.) High Capacity: Well? Property?

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?

Well located in floodplain? Distance in feet from well to nearest: (including proposed)

1. Landfill
2. Building Overhang
3. 1=Septic 2= Holding Tank
4. Sewage Absorption Unit
5. Nonconforming Pit
6. Buried Home Heating Oil Tank
7. Buried Petroleum Tank
8. 1=Shoreline 2= Swimming Pool

9. Downspout/ Yard Hydrant
10. Privy
11. Foundation Drain to Clearwater
12. Foundation Drain to Sewer
13. Building Drain 1=Cast Iron or Plastic 2=Other
14. Building Sewer 1=Gravity 2=Pressure 1=Cast Iron or Plastic 2=Other
15. Collector Sewer: ___ units ___ in . diam.
16. Clearwater Sump
17. Wastewater Sump
18. Paved Animal Barn Pen
19. Animal Yard or Shelter
20. Silo
21. Barn Gutter
22. Manure Pipe 1=Gravity 2=Pressure 1=Cast iron or Plastic 2=Other
23. Other manure Storage
24. Ditch
25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From (ft.)	To (ft.)	Upper Enlarged Drillhole	Lower Open Bedrock
		-- 1. Rotary - Mud Circulation -----	
		-- 2. Rotary - Air -----	
		-- 3. Rotary - Air and Foam -----	
		-- 4. Drill-Through Casing Hammer	
		-- 5. Reverse Rotary	
		-- 6. Cable-tool Bit _____ in. dia -----	
		-- 7. Temp. Outer Casing _____ in. dia. _____ depth ft. Removed ?	
		Other	

8. Geology Geology From To

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)

6. Casing Liner Screen Material, Weight, Specification From To

Dia. (in.)	Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6.0		surface	

9. Static Water Level

feet ground surface ..=Above B=Below

11. Well Is: Grade

in. A=Above B=Below

10. Pump Test

Pumping level ft. below surface
Pumping at GP Hrs

Developed?

Disinfected?

Capped?

7. Grout or Other Sealing Material

Method	From (ft.)	To (ft.)	# Sacks Cement
Kind of Sealing Material			

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? If no, explain

--

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?			
----------------------	--	--	--

Variance Issued?			
More Geology?			

Owner Sent Label?			
-------------------	--	--	--

		Batch
--	--	--------------

--

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

1. County Milwaukee Town Oak Creek
 2. Location Ry 42 in Carolville Village Carolville City Carolville
 3. Owner or Agent Paul W. Jit Sec 23? TSNR22E
 4. Address _____
 5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft; dry well or filter bed _____ ft; abandoned well _____ ft.
 6. Well is intended to supply water for: home

7. DRILLHOLE OR EXCAVATION:

Dia. (in.)	From (ft.)	To (ft.)
10"	0	50
6"	50	210

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6"	pipe	0	175

9. GROUT:

Kind	From (ft.)	To (ft.)
mud	0	175

10. FORMATIONS:

Kind	Thick-ness (ft.)	Total Depth (ft.)
top soil red clay	0	25
blue clay	25	120
sand	120	160
gravel	160	165
hardpan	165	175
limestone	175	210

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 10 GPM.
 Depth from surface to water: 95 ft.
 Water-level when pumping: 102 ft.
 Water sample sent to laboratory at Kenneth on 9/10/46 19

Construction of the well was completed on 9/10/46 19
 The well is terminated _____ inches (above) (below) the permanent grade.
 Was the well disinfected upon completion? Yes No _____
 Was the well sealed watertight upon completion? Yes No _____

Signature L.P. May
 Registered Well Driller

R#1 - Cudahy
 Complete Mail Address



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

RECEIVED

JAN 13 1949

1. County Milwaukee

Town Oak Creek
Village
City

Check one and give number

2. Location Carrolville-East of Intersection of Rt. 42 and Rt. 400

Name of street and number of premise or Sec. Tn. and R. numbers

3. Owner or Agent Emma Jatronzka

Name of individual, partnership or firm

4. Mail Address Rt. 1-Box 26 E-S. Milwaukee, Wis. Post Office

Complete address required

5. From well to nearest: Building 12 ft; sewer ft; drain ft; septic tank ft;
bored well
dry well or filter bed ft; abandoned well ft.

6. Well is intended to supply water for: house

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
8	0	35
6	35	218

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Seamless 5/16 wall	0	190
	Larkin (Texas Shoe)		

9. GROUT:

Kind	From (ft.)	To (ft.)
aque Jell and bl clay	0	190

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
top soil	0	2
blue clay (dry)	2	190
top of rock		
grey limestone	190	218

No. 24-L Bucyrus machine used
Wm. Warfield, driller.

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 12 GPM.

Depth from surface to water: 75 ft.

Water-level when pumping: 75 ft.

Water sample sent to laboratory at Kenosha

on Jan. 12/49 1949

Construction of the well was completed on January 11/49 1949

The well is terminated 10 inches above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No

Was the well sealed watertight upon completion?

Yes No

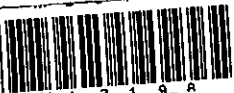
Signature

Gray Well Drilling Co. Post Box 181-Delafield, Wis.,

Registered Well Driller

Complete Mail Address

[Handwritten Signature]



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

W-16

1. County Milwaukee Town
Village
City Check one and give name
Sec 23, TSN R22E Sg. Chicago B.D.

RECEIVED
MAY 28 1955
ENVIRONMENTAL
SANITATION

2. Location Sg. Chicago B.D.
 Name of street and number of premise or section, Town and Range numbers

3. Owner or Agent C. C. Stillman
 Name of individual, partnership or firm

4. Mail Address 2409 E. Puerto R.D.
 Complete address required

5. From well to nearest: Building 15 ft; sewer 30 ft; drain 15 ft; septic tank 50 ft;
 dry well or filter bed 50 ft; abandoned well _____ ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	30			

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
puddled clay	0	30
clay	30	110
clay & gravel	110	150
gravel & sand	150	165
gravel	165	180
shale rock	180	184
lime stone	184	210

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel pipe 19.45 #	0	184

9. GROUT:

Kind	From (ft.)	To (ft.)
puddled clay	0	30

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 10 GPM.
 Depth from surface to water-level: 70 ft.
 Water-level when pumping: 70 ft.
 Water sample was sent to the state laboratory at:
Madison on 5/8 1955
 City

Construction of the well was completed on:
4/30 1955

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No _____

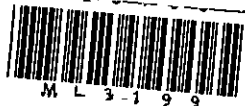
Was the well sealed watertight upon completion?
 Yes No _____

Signature John Bentz 1924 No. 18. th Milwaukee Wis
 Registered Well Driller Complete Mail Address

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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

Examiner _____



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

Well 6

1. County Milwaukee (Town
Village
City Oak Creek
Check one and give name
2. Location Sec. 23 R22E Twn5N
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Ray Behring
Name of individual, partnership or firm
4. Mail Address 9129 S. Chicago Rd. So. Milwaukee, Wis.
Complete address required
5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.
6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	25			
7	25	157			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
7	Steel	0	157

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay	0	25

11. MISCELLANEOUS DATA:

Yield test: 36 Hrs. at 5 GPM.
 Depth from surface to water-level: 70 ft.
 Water-level when pumping: 80 ft.
 Water sample was sent to the state laboratory at:
Madison on 1/17 1961
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	150
Gravel	150	157

RECEIVED
JAN 18 1961
SANITARY ENGINEERING

Construction of the well was completed on:

1/10 1961

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

Was the well sealed watertight upon completion?

Yes No _____

Signature *John P. Robinson*
 Registered Well Driller

Rt. 2, Box 176 Waterford, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____

Ans'd _____

Interpretation _____



10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli _____
 Examiner _____

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

1. County MILWAUKEE Town OAK CREEK
Village City Check one and give name

2. Location E. SIDE OF HWY 42 1/2 MILE No. OF RYAN RD.
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Wm J. Tilton
Name of individual, partnership or firm

4. Mail Address 1210 - 17th Ave S. MILWAUKEE
Complete address required

5. From well to nearest: Building --- ft; sewer --- ft; drain --- ft; septic tank --- ft;
dry well or filter bed --- ft; abandoned well --- ft. NO BUILDINGS

6. Well is intended to supply water for: HOME USE

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	45			
6	45	205			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	STD. STEEL	0	179

128-22
12359
M

9. GROUT:

Kind	From (ft.)	To (ft.)
CLAY SLURRY	0	45

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 10 GPM.
Depth from surface to water-level: 95 ft.
Water-level when pumping: 95 ft.
Water sample was sent to the state laboratory at:
KENOSHA on JAN. 24 1952
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
MARSH MUCK	0	6
RED CLAY	6	18
BLUE "	18	164
STONY "	164	176
BROKEN LIME	176	179
LIMESTONE	179	205

Construction of the well was completed on:
JAN. 23 1952

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No

Was the well sealed watertight upon completion?
Yes No

Signature [Signature] Registered Well Driller Please do not write in space below Complete Mail Address 1808 W. National W. Allis 14

Rec'd 1-25-52 No. 1680
Ans'd 1-27-52
Interpretation OK

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	0	0	0	0	0
48 hrs.	0	0	0	0	0
Confirm					



B. Coli ---
Examiner [Signature]

RECEIVED
JAN 30 1952
BUREAU
SAN. ENG.

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

RECEIVED
AUG 20 1956
ENVIRONMENTAL
SANITATION

1. County Milwaukee (Town Village City Oak Creek Check one and give name
2. Location American Ave St. Sec. 23 T5N R22E
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Donald DeTman
Name of individual, partnership or firm
4. Mail Address Carrouille Wis
Complete address required
5. From well to nearest: Building 15 ft; sewer X ft; drain X ft; septic tank 50 ft;
dry well or filter bed X ft; abandoned well X ft.
6. Well is intended to supply water for: Household use

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	30			
6	30	180			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Black Steel	0	140
4	Black Steel	120	180

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay slurry	0	30

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 6 GPM.
 Depth from surface to water-level: 70 ft.
 Water-level when pumping: 70 ft.
 Water sample was sent to the state laboratory at:
Madison on 7/22 1951
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	40
Sand Loose	40	60
Fine sand	60	80
Heating Sand	80	100
Hard Pack Sand	80	140
Pipe Freezes Pack Sand	140	178
Water Bearing Sand	178	180

Construction of the well was completed on:
7/22 1951

The well is terminated 8 inches
 above, below the permanent ground surface.
 Was the well disinfected upon completion?
 Yes No
 Was the well sealed watertight upon completion?
 Yes No

Signature Herb Kramer 4023 N Newhall Mil. Wis
Registered Well Driller Complete Mail Address
 ACCURATE DRILLING & PUMP CO
 Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

S 1/2 Sec 23 T 5 N R 22 E See Instructions on Reverse Side

RECEIVED SEP 14 1951 ENVIRONMENTAL SANITATION

1. County Milwaukee Town Village City Odk Creek

2. Location American Ave Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Donald Deutman Name of individual, partnership or firm

4. Mail Address American Ave Carrolville Wis Complete address required

5. From well to nearest: Building 15 ft; sewer X ft; drain X ft; septic tank 50 ft; dry well or filter bed X ft; abandoned well X ft.

6. Well is intended to supply water for: Household use

7. DRILLHOLE:

Table with columns: Dia. (in.), From (ft.), To (ft.), Dia. (in.), From (ft.), To (ft.)

8. CASING AND LINER PIPE OR CURBING:

Table with columns: Dia. (in.), Kind and Weight, From (ft.), To (ft.)

9. GROUT:

Table with columns: Kind, From (ft.), To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 8 GPM. Depth from surface to water-level: 60 ft. Water-level when pumping: 70 ft. Water sample was sent to the state laboratory at: Madison on 7/22 1951

10. FORMATIONS:

Table with columns: Kind, From (ft.), To (ft.)

Construction of the well was completed on: 7/22 1951

The well is terminated 8 inches above, below the permanent ground surface.

Was the well disinfected upon completion? Yes X No

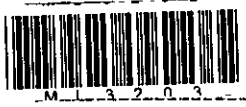
Was the well sealed watertight upon completion? Yes X No

Signature: Accurate Drilling & Pump Co. Registered Well Driller. Complete Mail Address: 4023 N Newhall Mil. Wis

Rec'd No. Ans'd Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml Gas-24 hrs. 48 hrs. Confirm B. Coli

Examiner



WELL-CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
5 1/2 Sec 23 T 5 N R 22 E See Instructions on Reverse Side

1. County Madison Town Village City Oak Creek Check one and give name
2. Location 2 Blk's. West of Hwy 32 - on Hwy 100 - Mo Number
Name of street and number of premises or Section, Town and Range numbers
3. Owner or Agent John Stander
Name of individual, partnership or firm
4. Mail Address Oak Creek
Complete address required
5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.
6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	280

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel 20#	0	201

9. GROUT:

Kind	From (ft.)	To (ft.)
mucl		

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.
 Depth from surface to water-level: 130 ft.
 Water-level when pumping: 140 ft.
 Water sample was sent to the state laboratory at:
4/20/59 on _____ 19____
city

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Red clay top soil	0	22'
Blue Clay	22	180
Sandy clay	180	190
Hard Pk	190	201
Limestone	201	280

RECEIVED

ENVIRONMENTAL SANITATION

Construction of the well was completed on:

4/20/59

The well is terminated _____ inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes _____ No _____

Was the well sealed watertight upon completion?

Yes _____ No _____

Signature L. L. May
Registered Well Driller

818 - Michigan Ave. So. 1st. Wisc.
Complete Mail Address

Rec'd _____ No. _____
Ans'd _____
Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
48 hrs. _____
Confirm _____
B. Coli _____



Examiner _____

1. COUNTY MILWAUKEE CHECK ONE Town Village City NAME OAK CREEK

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.) 9310 So. 8TH AVE OAK CREEK, WIS. TSN R22E RECEIVED

3. OWNER AT TIME OF DRILLING DONALD SCHMIDTZEN near center SE 1/4, Sec 23 SEP - 1 1966

4. OWNER'S COMPLETE MAIL ADDRESS SAME AS ABOVE SANITARI ENGINEERING

5. Distance in feet from well to nearest:		BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN		WASTE WATER DRAIN		
(Record answer in appropriate block)		C. I.	TILE	C. I.	TILE	SEWER CONNECTED	INDEPENDENT	C. I.	TILE
		11	25	25			11		
CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE	
C. I.	TILE								
	SEWER								
	IN STREET								

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: RESIDENCE

7. DRILLHOLE						10. FORMATIONS					
Dia. (in.)	From (ft)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)			
10	Surface	22				RED CLAY	Surface	17			
6	22	287				BLUE CLAY	17	206			
8. CASING, LINER, CURBING, AND SCREEN						PARUS LIMST				206	207
Dia. (in.)	Kind and Weight		From (ft)	To (ft.)		SOLID LIMST				207	287
6	WROUGHT		Surface	207							
	IRON PIPE										
9. GROUT OR OTHER SEALING MATERIAL											
Kind			From (ft.)	To (ft.)							
CLAY SLURRY			Surface	22							

11. MISCELLANEOUS DATA

Yield test: 4 Hrs. at 120 ~~15~~ GPM

Well construction completed on JULY 7 1966

Well is terminated 8 inches above below final grade

Depth from surface to normal water level 120 ft. Well disinfected upon completion Yes No


Depth to water level when pumping 137 ft. Well sealed watertight upon completion Yes No

Water sample sent to MADISON laboratory on: AUG. 29 1966

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE Leo J. Blawie COMPLETE MAIL ADDRESS 1721 W. BRADDO AVE MIL. WIS. 53221
Registered Well Driller

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
				

plot 250

WELL CONSTRUCTION REPORT
WISCONSIN STATE BOARD OF HEALTH
WELL DRILLING DIVISION

MAY 23 1940

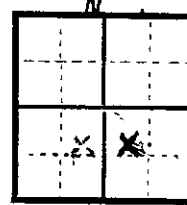
Note: Section 32 of the Wisconsin Well Drilling Sanitary Code, having the force and effect of law, provides that within thirty days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board.

Owner ST. MATTHEWS RECTORY Driller SCHMIDT BROS ✓
 Street or RFD SOUTH MILWAUKEE R1 Post Office SOUTH MILWAUKEE, R1, BOX 28
 Post Office SOUTH MILWAUKEE Date MAY 21 1940 Permit No. 310

LOCATION OF PREMISES

MILWAUKEE County 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.



Sec. 23
 Twp. 5
 Range 22 { E
 W

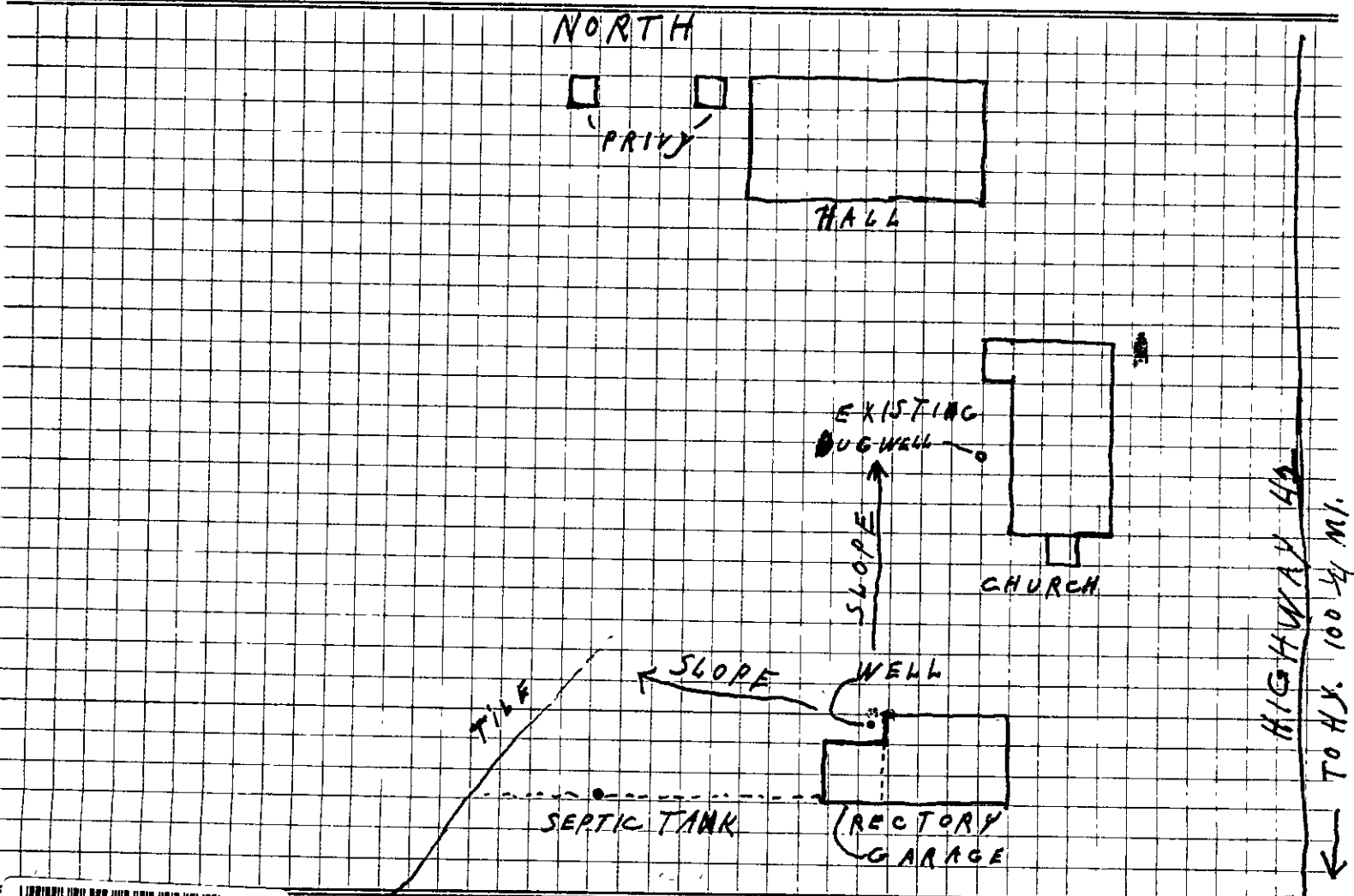
Describe further by subdivision, plat, district, lake, lot,

ON HIGHWAY 42 - 1/4 MILE NORTH 100
 block, nearest principal highway, etc., whichever apply.

DIAGRAM OF PREMISES

Near center W 1/2, SE 1/4, 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.



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
DRIVE SHOE

CASING PIPE

DRILL HOLE

Inches	Diameter	Depth								
			2	3	4	5	6	8	10	12
		25								
		50								
		75								
		100								
		150								
		160								
		170								
		200								
		226								
		252								
		400								
		800								
		1200								

TOP SOIL
AND CLAY
160'

sand 10'

BLUE CLAY
56'

~~LIMESTONE 26'~~
(WATER BEARING)

Duration of test
Hours 8

Pumping rate
G.P.M. 15

Depth of pump in well. Ft. 116

Standing water-level (from surface)
Ft. 90

Water-level when pumping Ft. 95

Water. End of test.
Clear
Cloudy _____
Turbid _____

Was the well sterilized?
Yes No _____

To which laboratory was sample sent?
MARLSON

Date APRIL 24-40

Was the well sealed on completion?
Yes No _____

How high did you leave the casing-pipe above grade?
7"

Well was completed
Date APRIL 24-40

Well Driller
Clarence Schmitt
Signature

Draw the diagram to show the right half only

3222-2

125

**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)

Owner Leslie A. Czuzann Driller Bucyrus Erie Co.
(If a joint ownership give name of responsible official Also name of each individual holding an interest. Use a separate sheet and attach hereto.)
Address Box #25 RR #1 South Milwaukee Address South Milwaukee
(City, village, township, county) WISCONSIN
Date of Report June 14 1938

Registration No. Experimental Machine

Give below the location of the property on which well is drilled.

If incorporated village or city: _____
If unincorporated hamlet Carrollville Milwaukee Oak Creek 42
Name Lot Blk Street and No.
Name County Twp. Highway
If Lake Shore Plat _____
Name of Plat Lake Lot Blk. Street
If Subdivision _____
Name County Twp. Sec. Lot Blk.
If Farm _____
County Twp. Sec. Highway
If School _____
County Twp. Sec. District
If other public building _____
Kind County Twp. Sec.

WELL LOG and REPORT

Kind of casing and liner in feet Kind of shoe. Indicate grout, screen, seal, etc.	WELL DIAGRAM Vertical Lines = in. Dia. Horizontal Lines = ft. Depth Use a red line to show casing	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
	0 2 3 4 5 6 8 10 12 14 16 18 24	Top soil and Red Clay 40' Dry	Duration of test. Hours <u>10</u>
	25 25	Fine Sand 15' Some Water	Pumping Rate <u>Bailing</u> G. P. M. <u>25</u>
	50 50	Clay 30' Some Water	Depth of pump in well Ft. _____
	75 75	Coarse & Fine Sand 19' Water	Standing water-level (from surface.) Ft. <u>78</u>
	100 100	Brown shale 25' Dry	Water level when pumping Ft. <u>80</u>
	125 125	Gray Shale 20' Dry	Water. End of test. Check: Clear _____ Cloudy <input checked="" type="checkbox"/>
	150 150	Fine Sand 18' Water Bearing	Turbid _____ Was well sterilized before test? Yes _____ No <input checked="" type="checkbox"/>
	167 167	Brown Shale 45' Dry	Date _____ To which Laboratory was sample sent? Date _____
	200 200	Gravel & Sand - Water - 10' Into Shelly Rock 8'	Was the well sealed on completion? Yes _____ No <input checked="" type="checkbox"/>
	400 400		How high did you leave casing above grade? <u>12"</u>
	800 800		Well was completed <u>6-6 1938</u>
	1200 1200		Well Driller <u>W. H. Aisch</u> Signature. (Be sure to complete the report on the reverse side)

0'-180'
6" standard
Black Pipe

164'-225'
5" standard
I. J. Casing



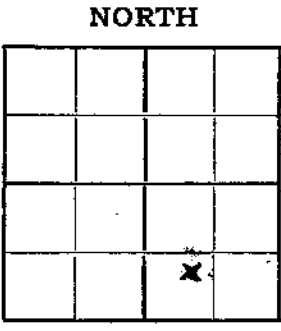
PREMISES DIAGRAM

(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.

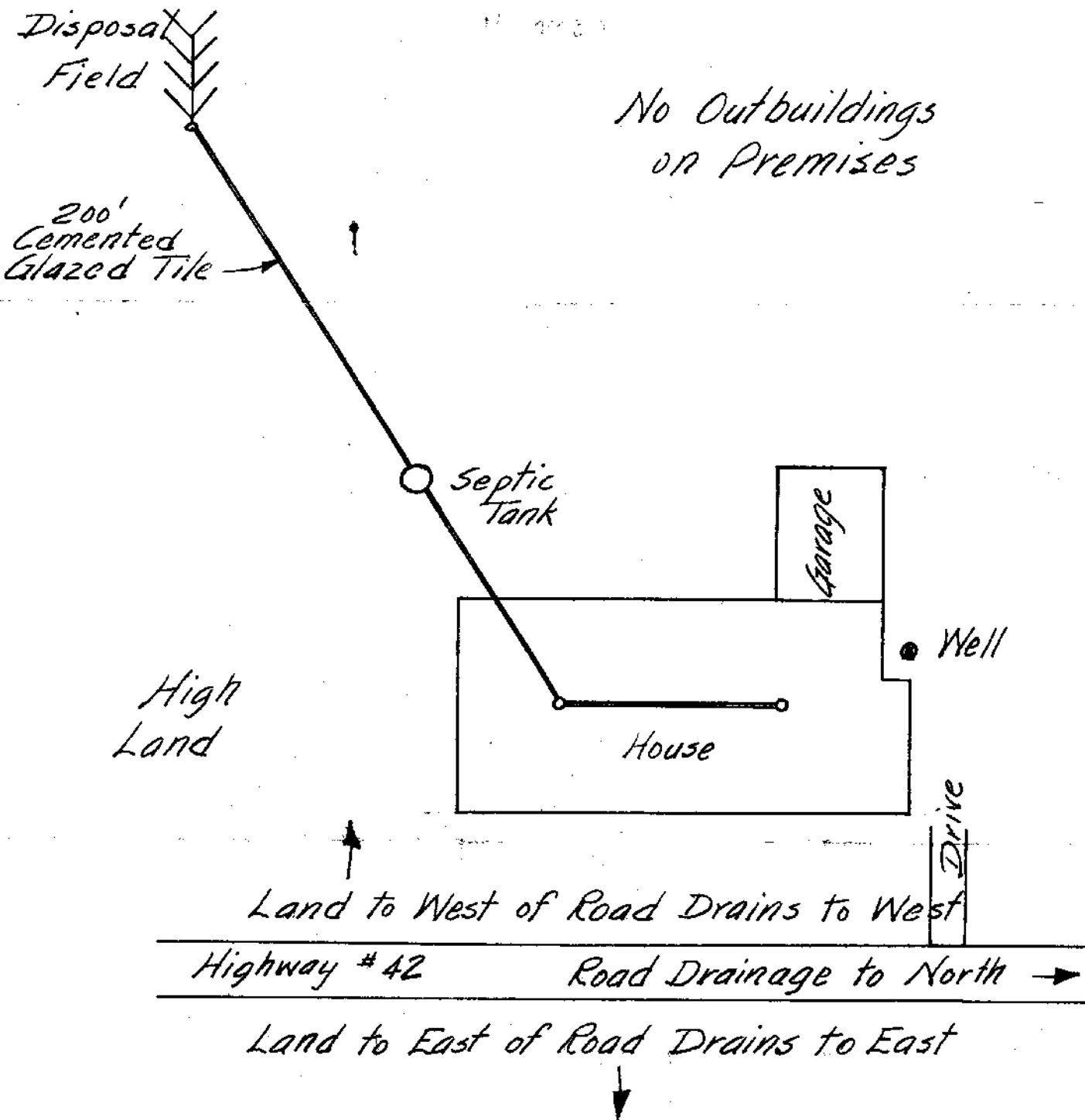
REMARKS : Report blasting and unusual items in this space:

The large square represents one Section of land divided into 40 A. tracts. Indicate position of premises in the Section.

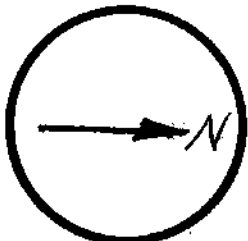


Sec. 23 T. 5 R. 22 (E) (~~W~~) (Each division equals 10') (If more or less indicate: _____)

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.

SWSE SEC. 23 TSN R22E

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

1. County MILWAUKEE Town Village City OAK CREEK
Check one and give name

2. Location 1ST HOUSE WEST OF HY 32 ON NORTH SIDE OF HY 100
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent CHARLES W. SCHULTE
Name of individual, partnership or firm

4. Mail Address SAME
Complete address required

RECEIVED
JUL 28 1953
ENVIRONMENTAL
SANITATION

5. From well to nearest: Building 11 ft; sewer 5.0 ft; drain 25 ft; septic tank 75 ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: RESIDENCE

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20			
5	20	236			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5	WROUGHT IRON PIPE	0	236

9. GROUT:

Kind	From (ft.)	To (ft.)
CLAY SLURRY	0	20

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 10 GPM.
Depth from surface to water-level: 111 ft.
Water-level when pumping: 111 ft.
Water sample was sent to the state laboratory at:
MADISON on JULY 20 1953
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
RED CLAY	0	16
BLUE CLAY	16	230
SAND & GRAVEL	230	236

Construction of the well was completed on:
JULY 18 18 1953

The well is terminated 10 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No _____

Was the well sealed watertight upon completion?
Yes No _____

Signature Leo J. Blawie
Registered Well Driller

5561 So. 6TH ST. MILWAUKEE WIS
Complete Mail Address

Please do not write in space below

Rec'd 111 0 1953 15368
Ans'd _____
Interpretation 2 mafe

10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs. 0
48 hrs. 0 + + 0 0
Confirm _____

B. Coli 2/5
Examiner _____



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
SESWSE Sec 23 T5N R22E See Instructions on Reverse Side

1. County Milwaukee } Town
 } Village
 } City Oak Creek Check one and give name

2. Location 9474 S. Chicago Rd.
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Pate Oil Co
 Name of individual, partnership or firm

4. Mail Address Milwaukee Wise.
 Complete address required

5. From well to nearest: Building 15 ft; sewer 30 ft; drain 15 ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Filling Station

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	70			
6	70	280			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	New Steel 1945#	0	270

9. GROUT:

Kind	From (ft.)	To (ft.)
Puddled Clay	0	70

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 20 GPM.

Depth from surface to water-level: 175 ft.

Water-level when pumping: 130 ft.

Water sample was sent to the state laboratory at:
MADISON on 6-9 1960
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	700
Shale Rock	700	720
Limestone	770	780

JUN 21 1960
 STATE BOARD OF HEALTH
 SURVEYING
 ENGINEERING

Construction of the well was completed on:
6-9 1960

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No _____

Was the well sealed watertight upon completion?
 Yes No _____

Signature Sheward E. Rickett
 Registered Well Driller

2976 N. 84th St Milwaukee
 Complete Mail Address

Please do not write in space below

Rec'd **JUN 10 1960** No. **19615**



NSAF

Because of the presence of B. Coli in one of the 10 cc. portions of this sample another examination is advisable.

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. +
 48 hrs. +
 Confirm +
 B. Coli 1/5
 Examiner _____

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

W-1 6

1. County MILWAUKEE } Town
 } Village OAK CREEK
 } City Check one and give name

2. Location 9300 So. 9th Ave SESE SEC. 23 TSN R2E1
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent GEORGE YONKO YONKO
 Name of individual, partnership or firm

4. Mail Address 4005 E. RYAN RD. OAKCREEK, WIS.
 Complete address required

5. From well to nearest: Building 10 ft; sewer 20 ft; drain 10 ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft. SEWER IN STRAIN

6. Well is intended to supply water for: RESIDENCE

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	21	5	193	286
6	21	210			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	WROUGHT	0	199
	IRON PIPE		
5		193	210

9. GROUT:

Kind	From (ft.)	To (ft.)
CLAY SLURRY	0	21

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.
 Depth from surface to water-level: 120 ft.
 Water-level when pumping: 125 ft.
 Water sample was sent to the state laboratory at:
MADISON on JUNE 17 1962
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
RED CLAY	0	12
BLUE CLAY	12	190
PERUS LIME	190	199
CAVEY LIME	199	210
17-5" O.F.S. LINER PIPE	193	210
SOLID LIME	210	286

Construction of the well was completed on:
MAY 29 1962

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes X No _____

Was the well sealed watertight upon completion?
 Yes X No _____

Signature Lee J. Blawie 1731 W. PRANKO AVE. MIL. 21, WIS.
 Registered Well Driller Complete Mail Address

JUN 19 1962

Rec'd _____ No. 19977

Ans'd _____

Interpretation SAFE - BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____



M 1 3 2 2 8

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

SWSE SE Sec 23 T5N R22E See Instructions on Reverse Side

1. County Milwaukee (Town Village City) Oak Creek

2. Location 3832 E Ryan Road Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Peter Herber Name of individual, partnership or firm JUN 13 1960

4. Mail Address 11014 So 10th Ave So Milwaukee, Wis. Complete address required SANITARY ENGINEERING

5. From well to nearest: Building 15 ft; sewer 26 ft; drain 26 ft; septic tank 0 ft; dry well or filter bed 0 ft; abandoned well 42 ft.

6. Well is intended to supply water for: home

7. DRILLHOLE:

Table with columns: Dia. (in.), From (ft.), To (ft.), Dia. (in.), From (ft.), To (ft.)

8. CASING AND LINER PIPE OR CURBING:

Table with columns: Dia. (in.), Kind and Weight, From (ft.), To (ft.)

9. GROUT:

Table with columns: Kind, From (ft.), To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 12 Hrs. at 5 GPM. Depth from surface to water-level: 107 ft. Water-level when pumping: 107 ft. Water sample was sent to the state laboratory at: madison on 6/7 1960

10. FORMATIONS:

Table with columns: Kind, From (ft.), To (ft.)

Construction of the well was completed on: July 3 1960

The well is terminated 12 inches above, below the permanent ground surface.

Was the well disinfected upon completion? Yes No

Was the well sealed watertight upon completion? Yes No

Signature Lawrence Smith Registered Well Driller

6201 W Newvald ave Complete Mail Address

Please do not write in space below

Rec'd No. Ans'd Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml Gas-24 hrs. 48 hrs. Confirm B. Coli

Examiner

plot



1. COUNTY MILWAUKEE CHECK ONE Town Village City NAME DAK CREEK

2. LOCATION (Number and Street or 1/4 section, section, township and range Also give subdivision name, lot and block numbers when available.)
9320 So. 8th Ave OAK CREEK, WIS. 53143

3. OWNER AT TIME OF DRILLING JOSEPH KWASNY NUSESE SEC. 23 T5N R22E

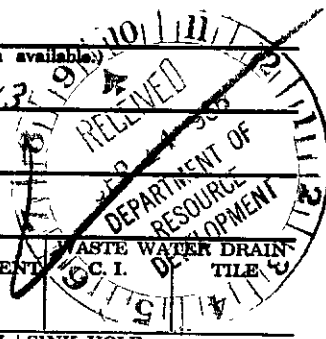
4. OWNER'S COMPLETE MAIL ADDRESS
SAME AS ABOVE

5. Distance in feet from well to nearest:

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
C. I.	TILE	C. I.	TILE	C. I.
11	35	35		11

CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
C. I.	TILE							
	SEWER							
	IN SPACED							

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)



6. Well is intended to supply water for: RESIDENCE

7. DRILLHOLE			10. FORMATIONS		
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	Surface	20			
6	20	283			

8. CASING, LINER, CURBING, AND SCREEN				10. FORMATIONS		
Dia. (in.)	Kind and Weight	From (ft)	To (ft.)	Kind	From (ft.)	To (ft.)
6	WROUGHT	Surface	207	RED CLAY	Surface	14
	IRON PIPE			BLUE CLAY	14	198
				PORUS LIMESTONE	198	207
				SOLID LIMESTONE	207	283

9. GROUT OR OTHER SEALING MATERIAL		
Kind	From (ft)	To (ft.)
CLARRY SLURRY	Surface	20

11. MISCELLANEOUS DATA

Well construction completed on JULY 16 1966

Yield test: 6 Hrs. at 15 GPM Well is terminated 10 inches above below final grade

Depth from surface to normal water level 127 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 127 ft. Well sealed watertight upon completion Yes No

Water sample sent to MADISON laboratory on: SEPT. 11 1966

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Leo J. Blawie COMPLETE MAIL ADDRESS 1731 W. GRAND AVE - MIL. WIS. 53221

Registered Well Driller

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS

WELL CONSTRUCTION REPORT WISCONSIN STATE BOARD OF HEALTH WELL DRILLING DIVISION

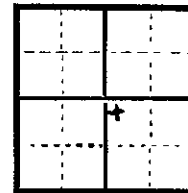
Note: Section 32 of the Wisconsin Well Drilling Sanitary Code, having the force and effect of law, provides that within thirty days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board.

Owner MICHAEL TAKACH Driller SCHMIDT BROS. ✓
Street or RFD _____ Post Office SOUTH MILWAUKEE
Post Office CARROLLVILLE, WIS. Date August 10, 1940 Permit No. 310

LOCATION OF PREMISES

MILWAUKEE County ORK CREEK Town
RESIDENCE
Describe further by subdivision, plat, district, lake, lot,
block, nearest principal highway, etc., whichever apply.

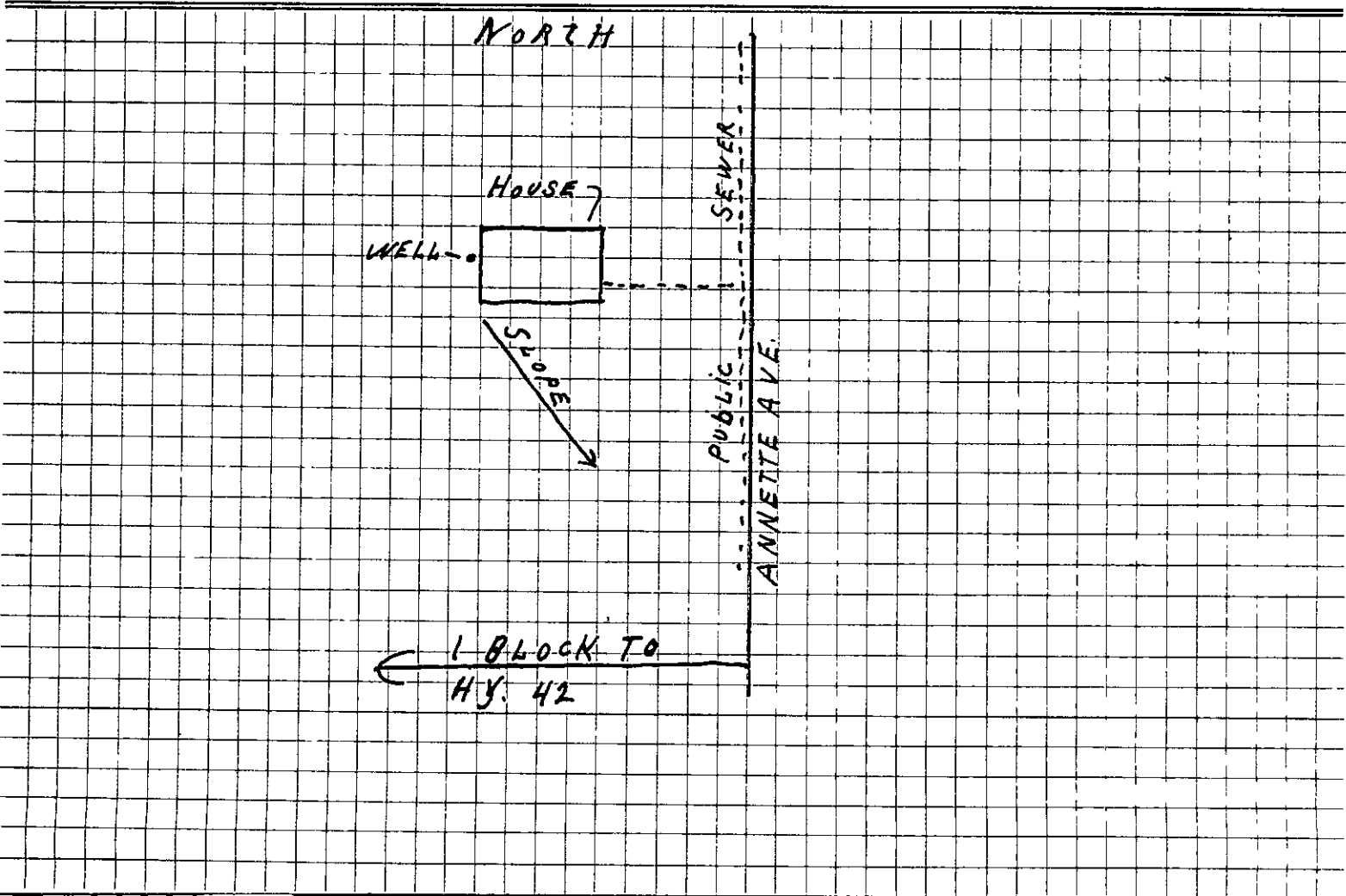
The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section.



NWSE
Sec. 23
Twp. 5
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.



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

6" STD. WT.
STEEL PIPE 212'
FORGED STEEL
DRIVE SHOE

1 CASING PIPE

DRILL HOLE

Inches	Diameter											Depth
	2	3	4	5	6	8	10	12	14	16	18	
												25
												50
												75
												100
												130
												150
												160
												190
												200
												212
												240
												400
												800
												1200

TOP SOIL
AND CLAY
130'

SAND 30'

CLAY 30'

GRAVEL 20'

LIMESTONE 30'

Duration of test
Hours 8

Pumping rate
G.P.M. 10

Depth of pump in well. Ft. 90

Standing water-level (from surface)
Ft. 71

Water-level when pumping Ft. 85

Water. End of test.
Clear
Cloudy _____
Turbid _____

Was the well sterilized?
Yes No _____

To which laboratory was sample sent?
KENOSHA

Date 8-8-40

Was the well sealed on completion?
Yes No _____

How high did you leave the casing-pipe above grade?
8"

Well was completed
Date 8-7-40

Well Driller
Clarence Schmitt
Signature

3229-2

Draw the diagram to show the right half only

15-9 1940

WELL CONSTRUCTION REPORT

WISCONSIN STATE BOARD OF HEALTH

WELL DRILLING DIVISION

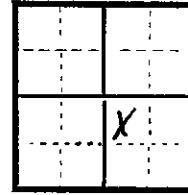
Note: Section 32 of the Wisconsin Well Drilling Sanitary Code, having the force and effect of law, provides that within thirty days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board.

Owner A. Kroupa Driller Knaack & Son Co.
 Street or RFD Annette Pl. + American Ave Post Office 1423 N. 51st St. Milwaukee
 Post Office Carrollville Wis Date Feb 2, 1940 Permit No. 226

LOCATION OF PREMISES

Milwaukee County Oak Creek Town
W. side Annette Place N. of American Ave.
 Describe further by subdivision, plat, district, lake, lot,
American Ave
 block, nearest principal highway, etc., whichever apply.

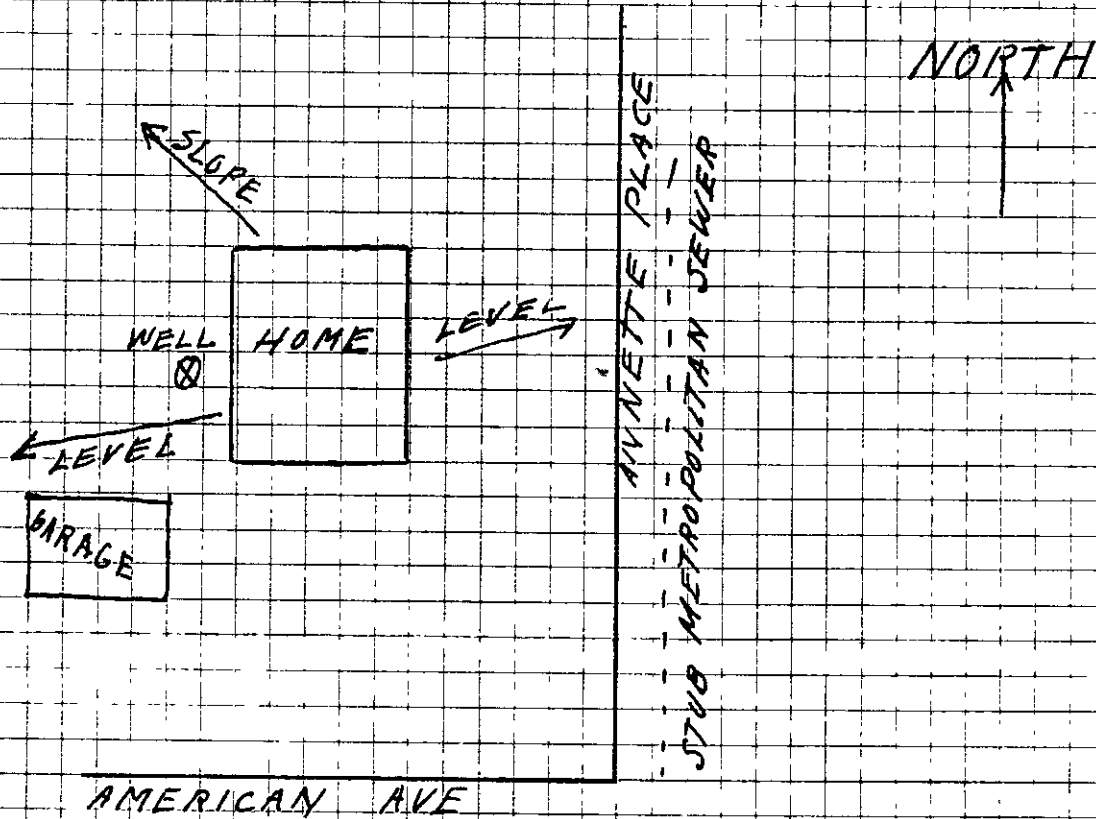
The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section.



NW SE
 Sec. 23
 Twp Oak Creek TS
 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.



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

6" STD. WEIGHT
STEEL SP. WELL
DRILLERS PIPE

6" FORGED STEEL
SHOE

MUD GROUT

STEEL PIPE
&
DRILLHOLE

3230-2

Inches	Diameter	Depth									
2	3		4	5	6	8	10	12	14	16	18
[Vertical line representing well casing]											6
[Vertical line representing well casing]											25
[Vertical line representing well casing]											30
[Vertical line representing well casing]											40
[Vertical line representing well casing]											50
[Vertical line representing well casing]											75
[Vertical line representing well casing]											100
[Vertical line representing well casing]											150
[Vertical line representing well casing]											155
[Vertical line representing well casing]											165
[Vertical line representing well casing]											195
[Vertical line representing well casing]											200
[Vertical line representing well casing]											225
[Vertical line representing well casing]											227
[Vertical line representing well casing]											400
[Vertical line representing well casing]											800
[Vertical line representing well casing]											1200

Draw the diagram to show the right half only

PIT

RED CLAY

SANDY CLAY

BLUE CLAY

SAND

GRAVEL

CLAY

GRAVEL

Duration of test
Hours 8

Pumping rate
G.P.M. 10

Depth of pump in
well. Ft. 105

Standing water-level
(from surface)
Ft. 80

Water-level when
pumping Ft. 100

Water. End of test.
Clear
Cloudy
Turbid

Was the well sterilized?
Yes No

To which laboratory was
sample sent?
KENDSHA
Date DEC/1939

Was the well sealed on
completion?
Yes No

How high did you leave the
casing-pipe above grade?
6"

Well was completed
Date Dec 27, 1939

Well Driller
Kunach & Son Co
Signature

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County milwaukee Town Crossville
Village Crossville
City Check one and give name

2. Location Hy 32 + N. Flynn Ave.
Name of street and number of premise or section, Town and Range numbers

3. Owner or Agent Arvin Hesjak
Name of individual, partnership or firm

4. Mail Address NWSE SEC. 23 TSN R00E
Complete address required

5. From well to nearest: Building no ft; sewer --- ft; drain --- ft; septic tank --- ft;
dry well or filter bed --- ft; abandoned well --- ft.

6. Well is intended to supply water for: Private Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	20	6	20	309

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	W.D. Steel	0	235

9. GROUT:

Kind	From (ft.)	To (ft.)
Reddled clay	0	20

11. MISCELLANEOUS DATA:

Yield test: 1.6 Hrs. at 1.0 GPM.

Depth from surface to water-level: 120 ft.

Water-level when pumping: 130 ft.

Water sample was sent to the state laboratory at:

Milwaukee City on 3/2 1954

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Red clay	0	10
Blue clay	10	90
Sand + Gravel	90	100
Blue clay	100	160
Blue clay Sand + Gravel	160	195
Gravel		
Sand + Gravel	195	210
Blue clay	210	230
Hard Pan	230	235
Limerock	235	309

Construction of the well was completed on:

Mar. 4 1954

The well is terminated 12 inches above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes X No ---

Was the well sealed watertight upon completion?

Yes X No ---

Signature Robert C. Papp
Registered Well Driller

3033 N. Callespring Rd. Milwaukee 15, Wis
Complete Mail Address

Rec'd 3/3/57 No. 4194

Ans'd SAFE

Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. 0

48 hrs. 0

Confirm ---

B. Coli 0/5 0 0 0 0

Examiner ---



1. COUNTY MILWAUKEE CHECK ONE Town Village City BAK CREEK NAME

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
9266 So. CHICAGO RD. BAK CREEK WIS.

3. OWNER AT TIME OF DRILLING
CLARENCE EAST SWNWSE Sec 23 T 5N R 22E

4. OWNER'S COMPLETE MAIL ADDRESS
SAME AS ABOVE

5. Distance in feet from well to nearest:

BUILDING C. I.	SANITARY SEWER TILE	FLOOR DRAIN C. I.	FOUNDATION DRAIN SEWER CONNECTED	FOUNDATION DRAIN INDEPENDENT	WASTE WATER DRAIN C. I.	WASTE WATER DRAIN TILE
5	15	NONE	MAN			

CLEAR WATER DRAIN C. I.	CLEAR WATER DRAIN TILE	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
				SEWER	IN STREET				

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: RESIDENCE

7. DRILLHOLE						10. FORMATIONS		
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)
10	Surface	22				RED CLAY	Surface	14
6	22	319				BLUE CLAY	14	222
						POROUS LIMB	222	231
						SOLID LIMB	231	319

8. CASING, LINER, CURBING, AND SCREEN			
Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	BLK. SMLS. T&C w/R&D COUPLINGS YOUNGSTOWN 19.45	Surface	231

9. GROUT OR OTHER SEALING MATERIAL		
Kind	From (ft.)	To (ft.)
CLAY SLURRY	Surface	22

11. MISCELLANEOUS DATA

Well construction completed on SEPT. 15 1967

Yield test: 4 Hrs. at 15 GPM Well is terminated 10 inches above final grade below

Depth from surface to normal water level 139 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 157 ft. Well sealed watertight upon completion Yes No

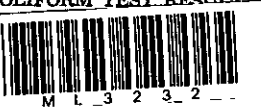
Water sample sent to MADISON laboratory on: 9/18 1967

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE Les J. Blawie COMPLETE MAIL ADDRESS 1731 W. GARAGE RD - MIL WIS. 53221

Registered Well Driller

Please do not write in space below

COLIFORM TEST RESULTS	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
				

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

Creek

1. County Milwaukee Town Village City of Oak Creek
SE, NW, SE, Sec. 23 Check one and give name

T5N R22E

2. Location 9242 So. Annette Pl. So. Milw.
Name of street and number of premises or Section, Town and Range numbers

3. Owner or Agent Herman Hartwig
Name of individual, partnership or firm

4. Mail Address 9242 So. Annette Pl. So. Milw. Wis.
Complete address required

5. From well to nearest: Building 15 ft; sewer 50 ft; drain 50 ft; septic tank 80 ft;
dry well or filter bed 50 ft; abandoned well None

RECEIVED

6. Well is intended to supply water for: Home Use JAN 19 1959

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	25			
6	25	250			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel	0	234

9. GROUT:

Kind	From (ft.)	To (ft.)
Mud	0	6

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.
Depth from surface to water-level: 1.05 ft.
Water-level when pumping: 1.30 ft.
Water sample was sent to the state laboratory at:
Madison on 1-5 1959
City

10. FORMATIONS:

Kind	ENVIRONMENTAL SANITATION	
	From (ft.)	To (ft.)
Putty Clay	0	6
Shovel	6	70
Sand	70	90
Clay	90	130
Shovel	130	175
Sand	175	210
Shovel	210	234
Lime Rock	234	250

Construction of the well was completed on:
10-25 1958

The well is terminated 8 inches above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No

Was the well sealed watertight upon completion?
Yes No

Signature D. Johnson Registered Well Driller
Please do not write in space below Complete Mail Address 14700 W. Chagelue Waukesha Wis

Rec'd JAN 6 - 1959 No. 159

Ans'd _____
Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs. _____
48 hrs. _____
Confirm _____
B. Coll 6

Examiner _____



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

GENWSE Sec 23 TSN R22E

See Instructions on Reverse Side

1. County Indian Town Village City Carrollville Check one and give name

2. Location 9261 South 8th ave Carrollville Wis Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Joe Stahl Name of individual, partnership or firm

4. Mail Address 9261 South 8th ave Carrollville Wis Complete address required

5. From well to nearest: Building 15 ft; sewer ft; drain ft; dry well or filter bed ft; abandoned well ft. **RECEIVED AUG 6 1956**

6. Well is intended to supply water for: home ENVIRONMENTAL SANITATION

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20			
6	20	237			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard steel pipe	0	203

9. GROUT:

Kind	From (ft.)	To (ft.)
Trued cuttings	0	20

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 10 GPM.
 Depth from surface to water-level: 115 ft.
 Water-level when pumping: 125 ft.
 Water sample was sent to the state laboratory at:
Madison on July 29 1956
City

10. FORMATIONS: SANITATION

Kind	From (ft)	To (ft)
black soil	0	2
blue clay	168	170
sand	20	190
hard clay	10	200
hard pan	3	203
lime stone	34	237

Construction of the well was completed on: July 27 1956

The well is terminated 8 inches above, below the permanent ground surface.

Was the well disinfected upon completion? Yes No

Was the well sealed watertight upon completion? Yes No

Signature W. J. Szymanski Registered Well Driller

7570 So. Howell Trail 7 Wis Complete Mail Address

Please do not write in space below

Rec'd JUL 31 1956 No. 26381



Because of the presence of B. Coli in one of the 10 cc. portions of this sample another examination is advisable.

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	+				
48 hrs.	00000				
Confirm	+				
B. Coli	1/5				

Examiner

1. COUNTY Milwaukee CHECK ONE Town Village City OAK CREEK
 2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
9229 South Annette Pl
 3. OWNER AT TIME OF DRILLING SENNESec 23 TSNR22E JOHN TAKACH
 4. OWNER'S COMPLETE MAIL ADDRESS SAME AS ABOVE

5. Distance in feet from well to nearest:
 (Record answer in appropriate block)

BUILDING C.I.	SANITARY SEWER TILE	FLOOR DRAIN C.I.	FOUNDATION DRAIN SEWER CONNECTED	FOUNDATION DRAIN INDEPENDENT	WASTE WATER DRAIN C.I.	WASTE WATER DRAIN TILE
10	75		10			

CLEAR WATER DRAIN C.I.	CLEAR WATER DRAIN TILE	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILLO	ABANDONED WELL	SINK HOLE

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: PRIVATE RESIDENCE

7. DRILLHOLE						10. FORMATIONS			
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)	
10	Surface	70				CLAY	Surface	130	
6	70	759				SAND	130	150	

8. CASING, LINER, CURBING, AND SCREEN				10. FORMATIONS			
Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)	
6	New STEEL 1945	Surface	217	Sandy Clay	150	708	
				Gravel	708	217	
				Lime Stone	217	759	


9. GROUT OR OTHER SEALING MATERIAL		
Kind	From (ft.)	To (ft.)
PUDDLED CLAY	Surface	70

11. MISCELLANEOUS DATA	Well construction completed on <u>12-19 1960</u>
Yield test: <u>8</u> Hrs. at <u>70</u> GPM	Well is terminated <u>8</u> inches <input checked="" type="checkbox"/> above <input type="checkbox"/> below final grade
Depth from surface to normal water level <u>175</u> ft.	Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Depth to water level when pumping <u>135</u> ft.	Well sealed watertight upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water sample sent to _____	laboratory on: <u>19</u>

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Howard E. Ricketts Registered Well Driller
 COMPLETE MAIL ADDRESS 2976 N. 84 Milwaukee

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
				

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

1. County **Milwaukee** (Town Village City **Carrollville**
TSN **R22E** Check one and give name

2. Location **9208 Annette Place** **SE, NW, SE, Sec. 23** **RECEIVED**
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent **Paul Stanik** **NOV 28 1956**
Name of individual, partnership or firm

4. Mail Address **9208 Annette Place Carrollville, Wis.** **ENVIRONMENTAL SANITATION**
Complete address required

5. From well to nearest: Building **15** ft; sewer **25** ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: **home**

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20	6	20	240

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard weight steel pipe	0	217-2'

9. GROUT:

Kind	From (ft.)	To (ft.)
Fuddled clay	0	20

11. MISCELLANEOUS DATA:

Yield test: **6** Hrs. at **15** GPM.
Depth from surface to water-level: **115** ft.
Water-level when pumping: **138** ft.
Water sample was sent to the state laboratory at:
Madison on **Nov. 29, 56**
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
fill & red clay	0	22
sand	12	34
blue clay	135	169
sand	20	189
blue clay	15	204
hard pan	7	211
broken lime rock	4	215
lime rock	25	240

Construction of the well was completed on:
Nov. 20 **8** **1956**

The well is terminated _____ inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes _____ No _____

Was the well sealed watertight upon completion?
Yes _____ No _____

Signature **Frank Lewke**
Registered Well Driller

Rt. 2 Box 674 Hales Corners, Wis.
Complete Mail Address

Rec'd **NOV 22 1956** No. **42249**

Ans'd _____
Interpretation **SAFE**

Please do not write in space below
10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs. _____
48 hrs. _____
Confirm _____
B. Coli _____
Examiner _____



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

1. County MILWAUKEE } Town
 } Village
 } City OAK CREEK
SENWSE Sec 23 T5NR22E Check one and give name

2. Location 9222 S Annette Pl.
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent PAUL STANIK
Name of individual, partnership or firm

4. Mail Address MILWAUKEE WISC
Complete address required

5. From well to nearest: Building 21 ft; sewer 28 ft; drain 71 ft; septic tank - ft;
 dry well or filter bed - ft; abandoned well - ft.

6. Well is intended to supply water for: PRIVATE RESIDENCE

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	70			
6	70	750			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	New Steel 1945#	0	225

9. GROUT:

Kind	From (ft.)	To (ft.)
Puddled Clay	0	70

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 10 GPM.
 Depth from surface to water-level: 135 ft.
 Water-level when pumping: 145 ft.
 Water sample was sent to the state laboratory at:
5/28/59 of MADISON 19-
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	135
Gravel	135	160
Clay	160	200
Clay + gravel	200	225
Limestone	225	250

RECEIVED
 JUN 2 1959
 ENVIRONMENTAL
 SANITATION
 Construction of the well was completed on:
5-26 1959

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Howard E. Rickett Registered Well Driller
 Complete Mail Address 2976 N. 84th Milw 10 Wis.

Please do not write in space below

Rec'd MAY 29 1959 No. 4452
 Ans'd _____
 Interpretation **SAFE**

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



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County MILWAUKEE Town Village City OAK CREEK
Check one and give name
2. Location 9174 So. CHICAGO CT. N², NW², SE, Sec 23 T5N R22E
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent LEO R. GOEBEL
Name of individual, partnership or firm
4. Mail Address 9200 So. CHICAGO CT. So. MILWAUKEE, WIS.
Complete address required
5. From well to nearest: Building 20 ft; sewer 30 ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.
6. Well is intended to supply water for: RESIDENCE

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	21			
6	21	326			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	WROUGHT IRON PIPE	0	228

9. GROUT:

Kind	From (ft.)	To (ft.)
CLAY SLURRY	0	21

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 12 GPM.
 Depth from surface to water-level: 125 ft.
 Water-level when pumping: 132 ft.
 Water sample was sent to the state laboratory at:
MADISON on DEC. 27 1960
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
RED CLAY	0	16
BLUE CLAY	16	220
POREUS LIMB	220	228
SOLID LIMB	228	326

RECEIVED

JAN 17 1961

SANITARY
ENGINEERING

Construction of the well was completed on:

DECEMBER 13 1960

The well is terminated 10 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

Was the well sealed watertight upon completion?

Yes No _____

Signature Leo J. Blawat 1731 W. GRAND AVE MILWAUKEE, WIS.
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd DEC 29 1960 No. 50839

Ans'd _____
 Interpretation _____

SAFE—BACTERIOLOGICALLY



10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____

B. Coli _____
 Examiner _____

P104
2504

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

1. County Milwaukee Town Oak Creek
 NW, NW, SE, Sec. 23 Village
 City Check one and give name
 2. Location American Ave. + Hwy 32 Carrollville
 T5N R22E Name of street and number of premises or Section, Town and Range numbers
 3. Owner or Agent Steve Sabo
 Name of individual, partnership or firm

RECEIVED
JUL 9 1954

4. Mail Address _____ Complete address required

5. From well to nearest: Building 15 ft; sewer Metropolitan ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

ENVIRONMENTAL SANITATION

6. Well is intended to supply water for: Private Dwelling

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	20	6	20	256

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	K.P. Steel	0	221

9. GROUT:

Kind	From (ft.)	To (ft.)
Puddled Clay	0	20

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 10 GPM.
 Depth from surface to water-level: 120 ft.
 Water-level when pumping: 140 ft.
 Water sample was sent to the state laboratory at:
Madison City on June 29 1954

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Red Clay	0	10
Blue Clay	10	150
Sandy Gravel + Blue Clay	150	200
Sand + Gravel	200	210
Bl. Clay, Sand + Stones	210	218
Hard Pan	218	221
Lime Rock	221	256

Construction of the well was completed on:
June 29 1954

The well is terminated 12 inches above, below the permanent ground surface.

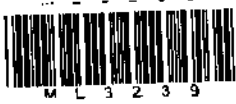
Was the well disinfected upon completion?
 Yes No _____

Was the well sealed watertight upon completion?
 Yes No _____

Signature Robert Cooper Registered Well Driller 3033 W. Cold Spring Bld. Milwaukee 15, Wis. Complete Mail Address
 Please do not write in space below

Rec'd. JUL 1 1954 No. 17229
 Ans'd _____
 Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. 0
 48 hrs. 0
 Confirm _____
 B. Coli 0/5
 Examiner _____



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH 1954

See Instructions on Reverse Side

RECEIVED

ENVIRONMENTAL SANITATION

1. County Wilkes-Barre {Town Village City Oak Creek
 NWNWSE Sec 23 T5N R22E Check one and give name

2. Location American Ave Hy 32 Carrollville
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Chester Gelsowski
 Name of individual, partnership or firm

4. Mail Address Same
 Complete address required

5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank 50 ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: _____

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	20	6	20	244

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	W.P. Steel	0	244

9. GROUT:

Kind	From (ft.)	To (ft.)
Graded Clay	0	20

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 10 GPM.
 Depth from surface to water-level: 97 ft.
 Water-level when pumping: 100 ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Red clay	0	10
Blue clay	10	100
Sand & Gravel	100	105
Blue clay	105	165
Blue clay + sand + gravel	165	200
Sand + Gravel	200	215
Blue clay	215	230
Sticky Blue	230	240
Sand + Gravel	240	244

Construction of the well was completed on:
Jan 27 1954

The well is terminated 15 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No _____

Was the well sealed watertight upon completion?
 Yes No _____

Signature Robert Pepper
 Registered Well Driller

3033 W. Cold Spring Rd. Wilkes-Barre Pa.
 Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation **SAFE**

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



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

NWNWSES & 23 TS 122 ES Instructions on Reverse Side

NOV 15 1947

1. County Milwaukee { Town Village City Oak Creek
Check one and give name

2. Location R. 1 Box 22A American Ave., at Hi. 42 South Milwaukee, Wis.
Name of street and number of premises or Sec. Tn. and R. numbers

3. Owner or Agent Henry A Lund
Name of individual, partnership or firm

4. Mail Address R 1 Box 42 A South Milwaukee
Complete address required

5. From well to nearest: Building 7 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Household use

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
8	0	25
6	25	270

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	50
Quick Sand	50	95
Hard Pan	95	120
Clay	120	160
Fine Sand	160	195
Hard Pan	195	213
Fine Sand (Grayish)	213	217
Hard Pan	217	227
Broken Lime	227	234
Lime	234	270

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Steel	0	234.8"

9. GROUT:

Kind	From (ft.)	To (ft.)
Heavy Clay	0	25

11. MISCELLANEOUS DATA:
 Yield test: 5 Hrs. at 10 GPM.
 Depth from surface to water: 80 ft.
 Water-level when pumping: 85 ft.
 Water sample sent to laboratory at _____ on _____ 19____

Construction of the well was completed on _____
September 30th _____ 1947.
 The well is terminated 6 inches
 above, below the permanent ground surface.
 Was the well disinfected upon completion?
 Yes No _____
 Was the well sealed watertight upon completion?
 Yes No _____



Signature Clearwater Drilling & Pump Co 2220 N Farwell
Registered Well-Driller Complete Mail Address
Milwaukee 2 Wisconsin

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

NW, NW, SE, Sec. 23, T5N, R22E See Instructions on Reverse Side

- 1. County Milwaukee Town Village City Oak Creek **ENVIRONMENTAL SANITATION**
- 2. Location 9132 So. Chicago Court - American Name of street and number of premise or Section, Town and Range number
- 3. Owner or Agent Francis Foley Name of individual, partnership or firm
- 4. Mail Address 9132 So. Chicago Court, R. 1 - Box 475, Milwaukee Wis Complete address required
- 5. From well to nearest: Building 15 ft; sewer 75 ft; drain _____ ft; septic tank _____ ft; dry well or filter bed _____ ft; abandoned well _____ ft.
- 6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	273

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel 26#	0	230

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay & Rock cutting		

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 6 GPM.
 Depth from surface to water-level: 110 ft.
 Water-level when pumping: 120 ft.
 Water sample was sent to the state laboratory at:
Madison on Aug 30 1955
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Red clay	0	20
Blue clay	20	150
Gravel	150	160
Sand & clay	160	200
Gravel	200	220
Sand	220	230
Lime Rock	230	273

Construction of the well was completed on:

Aug 27 1955

The well is terminated 8 inches above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

Was the well sealed watertight upon completion?

Yes No _____

Signature Leonard DeWinst Registered Well Driller

Caledonia Wis Complete Mail Address

Please do not write in space below

AUG 31 1955

Rec'd _____ No. 28943

Ans'd _____

Interpretation **SAFE**



10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. 0 0 0 + 0

Confirm 0

B. Coli _____

0/5 Examiner _____

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

WNWSES 25T5N22E

See Instructions on Reverse Side

1. County Milwaukee (Town Village City) Oak Creek Check one and give name

2. Location 9110 So Chicago Rd Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent August Rozjinas Name of individual, partnership or firm

4. Mail Address 9110 So Chicago Rd Complete address required

5. From well to nearest: Building 15 ft; sewer ft; drain ft; septic tank ft; dry well or filter bed ft; abandoned well ft.

RECEIVED

6. Well is intended to supply water for: home NOV 13 1957

7. DRILLHOLE:

Table with columns: Dia. (in.), From (ft.), To (ft.)

8. CASING AND LINER PIPE OR CURBING:

Table with columns: Dia. (in.), Kind and Weight, From (ft.), To (ft.)

9. GROUT:

Table with columns: Kind, From (ft.), To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 10 GPM. Depth from surface to water-level: 102 ft. Water-level when pumping: 105 ft. Water sample was sent to the state laboratory at: Madison on Nov 4 1957

10. FORMATIONS:

Table with columns: Kind, From (ft.), To (ft.)

Construction of the well was completed on: Nov 2 1957

The well is terminated 8 inches above, below the permanent ground surface.

Was the well disinfected upon completion? Yes X No

Was the well sealed watertight upon completion? Yes X No

Signature James Gyllanowski Registered Well Driller

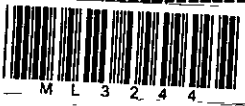
7570 So Howell South Mil Wis Complete Mail Address

Please do not write in space below

Rec'd NOV 5 1957 No. 37940

Ans'd SAFE Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml Gas-24 hrs. 48 hrs. Confirm B. Coli Examiner



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

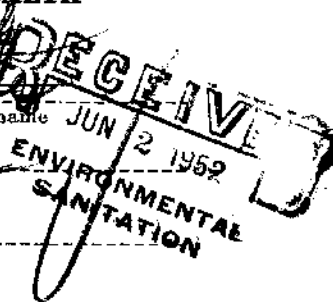
1. County Milwaukee

Town Oak Creek
Village Crossroads
City

NE, NW, SE, Sec. 23,
2. Location American Ave + Annette Place
TSN R22E

Name of street and number of premise or Section, Town and Range numbers

Check one and give name



3. Owner or Agent Joseph Sabo
Name of individual, partnership or firm

4. Mail Address _____
Complete address required

5. From well to nearest: Building 15 ft; sewer Metropolitan ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Private dwelling

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
5	0	20	6	20	245

5-22-52
DIP

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel Well Pipe	0	220

9. GROUT:

Kind	From (ft.)	To (ft.)
Buddled Clay	0	20

11. MISCELLANEOUS DATA:

Yield test: 4 1/2 Hrs. at 10 GPM.
Depth from surface to water-level: 90 ft.
Water-level when pumping: 95 ft.
Water sample was sent to the state laboratory at:
Genoa on May 16 1952
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Red clay	0	20
Blue "	20	100
Sandy Blue Clay	100	150
Sand Gravel & Hard Pan	150	220
Lime Rock	220	245

Construction of the well was completed on: 52
May 17 1952

The well is terminated 12 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No _____

Was the well sealed watertight upon completion?
Yes No _____

Signature Robert Pappas
Registered Well Driller

3033 W. Collesburg Rd
Complete Mail Address

Please do not write in space below

Rec'd 5-20-52 No. 8798

Ans'd 5-22-52

Interpretation Safe

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	0	0	0	0	0
48 hrs.	0	0	0	0	0
Confirm					

B. Coli _____
Examiner L. E.



M L 3 2 4 5

1. COUNTY MILWAUKEE CHECK ONE Town Village City City NAME oak creek

2. LOCATION (Number and Street or 1/4 section, section, township and range Also give subdivision name, lot and block numbers when available.)
9173 So. 8th Ave OAK CREEK, WIS. 53154

3. OWNER AT TIME OF DRILLING
WILLIAM A. GRODE NENEWE SEC. 23 TEN RAGE

4. OWNER'S COMPLETE MAIL ADDRESS
SAME AS ABOVE

5. Distance in feet from well to nearest:

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
C.I.	TILE	C I	SEWER CONNECTED/INDEPENDENT	C. I.
15	75	35	NONE	

CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
C. I.	TILE			SEWER IN STREET				

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for:
RESIDENCE

7. DRILLHOLE						10. FORMATIONS				
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)		
10	Surface	20				RED CLAY	Surface	16		
6	20	283				BLUE CLAY	16	220		
						HARD PAN	220	230		
6				Surface	237	porus lime	230	237		
						SOLID LIME	237	283		
8. CASING, LINER, CURBING, AND SCREEN										
Dia. (in.)	Kind and Weight		From (ft.)	To (ft.)						
6	BLK. 5M6S		Surface	237						
	T&C w/R&D Coupler									
	YOUNGSTOWN									
	19.45									
9. GROUT OR OTHER SEALING MATERIAL										
Kind			From (ft.)	To (ft.)						
CLAY SLURRY			Surface	20						

11. MISCELLANEOUS DATA

Yield test: 4 Hrs. at 15 GPM

Well construction completed on MARCH 14 1967

Well is terminated 8 inches above below final grade

Depth from surface to normal water level 120 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 135 ft. Well sealed watertight upon completion Yes No


Water sample sent to MADISON laboratory on: 3/20 1967

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE Seaf Blawat COMPLETE MAIL ADDRESS 1731 W. GRANCO AVE - MIL. WIS. 53221

Registered Well Driller

Please do not write in space below

CC	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
				

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

NEWSE 2375NE22E

See Instructions on Reverse Side

1. County Milwaukee Town Village City Carrollville Check one and give name
2. Location 3758 East American Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Paul Troherek Name of individual, partnership or firm
4. Mail Address 3758 East American Carrollville Wis Complete address required
5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft; dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20			
6	20	326			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard steel pipe	0	226

9. GROUT:

Kind	From (ft.)	To (ft.)
Mud cuttings	0	20

11. MISCELLANEOUS DATA:

Yield test: 20 Hrs. at 10 GPM.

Depth from surface to water-level: 10.5 ft.

Water-level when pumping: 16.0 ft.

Water sample was sent to the state laboratory at: Madison on March 21, 1956
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
black soil	0	1
yellow clay	18	19
sandy clay	120	139
sand	30	169
blue clay	49	218
hard pan	8	226
lime stone	100	326

Construction of the well was completed on: March 19, 1956

The well is terminated 6 inches above, below the permanent ground surface.

Was the well disinfected upon completion? Yes Y No _____

Was the well sealed watertight upon completion? Yes Y No _____

Signature Leslie S. Szymanski Registered Well Driller

7570 So Lowell Mil 7 Wis Complete Mail Address

Please do not write in space below

Rec'd MAR 22 1955 No. 7810

Ans'd _____



SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0/5 _____

Examiner _____

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

Wol 6

1. County MILWAUKEE } Town
 } Village OAK CREEK
 } City Check one and give name
2. Location 7925 E. AMERICAN AVE. / E², NE, SE, Sec. 23 T5N R22E
 Name of street and number of premise or Section, Town and Range numbers
3. Owner of Agent ~~HOWARD H. HUBER~~ LEO C. COURNOYER
 Name of individual, partnership or firm
4. Mail Address 9905 S. CHICAGO RD. OAK CREEK, WIS.
 Complete address required
5. From well to nearest: Building 5 ft; sewer 60 ft; drain 15 ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft. SEWER IN STREET
6. Well is intended to supply water for: WORK HOUSE

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20			
6	20	344			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	WROUGHT IRON PIPE	0	193

9. GROUT:

Kind	From (ft.)	To (ft.)
CLAY SLURRY	0	20

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 25 GPM.
 Depth from surface to water-level: 100 ft.
 Water-level when pumping: 120 ft.
 Water sample was sent to the state laboratory at:
MADISON on DEC. 19 1961
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
RED CLAY	0	16
BLUE CLAY	16	190
POOR LIME	190	193
SOLID LIME	193	344

RECEIVED

DEC 27 1961

LABORATORY
ENGINEERING

Construction of the well was completed on:

OCT. 31 1961

The well is terminated 12 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Leo J. Blawie 1731 W. C. BANKS AVE MILWAUKEE, WIS.
 Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd DEC 20 1961 No. 48462

Ans'd _____
 Interpretation SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

SW 1/4 SE Sec. 23 T5N R22E

See Instructions on Reverse Side

1016

1. County Trilwaukee Town Village City Carrollville Wis
 Check one and give name.

2. Location 9202 - 8th Ave Carrollville Wis
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Henry Fitecki ENVIRONMENTAL SANITATION
 Name of individual, partnership or firm

4. Mail Address 9202 - 8th Ave Carrollville Wis
 Complete address required

5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20			
6	20	226			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard steel pipe	0	208

9. GROUT:

Kind	From (ft.)	To (ft.)
Trued cuttings	0	20

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 40 GPM.
 Depth from surface to water-level: 110 ft.
 Water-level when pumping: 120 ft.
 Water sample was sent to the state laboratory at:
Madison on March 7 1956
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
black soil	0	2
sandy clay	160	162
sand & gravel	30	192
hard pan	16	208
lime stone	18	226

Construction of the well was completed on:
March 7 1956

The well is terminated 6 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Lawrence Spallenski 7570 So Lowell Tril 7 Wis
 Registered Well Driller Complete Mail Address

Please do not write in space below

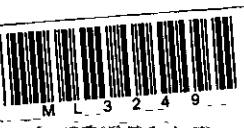
Rec'd MAR 9 1956 No. 3982

Ans'd _____
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. 0
 Confirm _____

B. Coli 0
 Examiner _____



SAFE

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

1. County Milwaukee (Town Oak Creek)
 Village
 City Check one and give name

2. Location SW, NE, SE, Sec. 23
9244 - 8 AVE. Carrollville, Wis. TSN R22E
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Victor M. Varga
 Name of individual, partnership or firm

4. Mail Address same
 Complete address required

5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: home

PAID
 AUG 29 1955

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	25	6	25	236

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Standard weight		
	steel pipe	0	202-4"

9. GROUT:

Kind	From (ft.)	To (ft.)
Puddled clay	0	25

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 15 GPM.
 Depth from surface to water-level: 110 ft.
 Water-level when pumping: 130 ft.
 Water sample was sent to the state laboratory at:
Madison on Aug. 14 1955
 City

10. FORMATIONS:

Kind	Thickness	
	From (ft.)	To (ft.)
red sandy clay	0	20
blue clay	90	110
sand	15	125
blue clay	48	173
stoney gravel	5	178
hard pan	21	199
lime rock	37	236

Construction of the well was completed on:
Aug. 13 1955

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Frank LeVike
 Registered Well Driller

Rt. 2, Box 674 Hales Corners, Wis.
 Complete Mail Address

Rec'd AUG 16 1955 No. 26319

Ans'd _____

Interpretation _____



SAFE

30 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. o

Confirm _____

B. Coli 0/5

Examiner _____

1. COUNTY Madison CHECK ONE Town Village City NAME Oak Creek

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
3962 - E. American Ave.

3. OWNER AT TIME OF DRILLING NENESE Sec 23 T5N R22E E. Lenda

4. OWNER'S COMPLETE MAIL ADDRESS Same as above

RECEIVED

5. Distance in feet from well to nearest:

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
C. I.	TILE	C. I.	TILE	SEWER CONNECTED INDEPENDENT
	15			

6. Well is intended to supply water for: Home

7. DRILLHOLE

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	Surface	40	6	40	257

8. CASING, LINER, CURBING, AND SCREEN

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	20" Steel Pipe	Surface	193

9. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
Drill Cuttings - Mud	Surface	193

10. FORMATIONS

Kind	From (ft.)	To (ft.)
Clay	Surface	120
Mushy Sand	120	145
Clay	145	190
Hard Pan	190	193
Limestone	193	257

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: Home

7. DRILLHOLE

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	Surface	40	6	40	257

8. CASING, LINER, CURBING, AND SCREEN

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	20" Steel Pipe	Surface	193

9. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
Drill Cuttings - Mud	Surface	193

10. FORMATIONS

Kind	From (ft.)	To (ft.)
Clay	Surface	120
Mushy Sand	120	145
Clay	145	190
Hard Pan	190	193
Limestone	193	257

11. MISCELLANEOUS DATA

Yield test: 5 Hrs. at 10 GPM

Well construction completed on 5/5/65 19

Well is terminated 10 inches above below final grade

Depth from surface to normal water level 115' ft. Well disinfected upon completion Yes No

Depth to water level when pumping 120 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison laboratory on: 19


Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE L. L. May Registered Well Driller COMPLETE MAIL ADDRESS 9112 - So. 13 St. Oak Creek

Please do not write in space below

COLIFORM TEST RESULT

GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS

Barcode: 

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

RECEIVED
DEC 8 1949
BUREAU
SAN. ENG.

1. County Milwaukee {Town Oak Creek
 Village
 City Check one and give name
2. Location S.W. 1/4 of N.E. 1/4 of Section 23 T-5-N R-22-E.
 Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Frank C. Briesemeister
 Name of individual, partnership or firm
4. Mail Address 624 1/2 Menominee Ave. South Milwaukee Wisconsin
 Complete address required
5. From well to nearest: Building ⁴4 ft; sewer 15 ft; drain 15 ft; septic tank ²⁵25 ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.
6. Well is intended to supply water for: Private Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20			
6	20	217			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Steel Pipe	0	174

9. GROUT:

Kind	From (ft.)	To (ft.)
Drill Cuttings	0	20

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 6 GPM.
 Depth from surface to water-level: 80 ft.
 Water-level when pumping: 80 ft.
 Water sample was sent to the state laboratory at:
Kenosha on 11/3/49
 City on _____ 19____

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Stony Clay	0	115
Sandy Clay	115	160
Hard Pan	160	172
Lime Rock	172	217

Construction of the well was completed on:
11/3/49 19____

The well is terminated 6 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes _____ No _____

Was the well sealed watertight upon completion?
 Yes _____ No _____

Signature Myron Acker & Sons
 Registered Well Driller

Hales Corners Wis.
 Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____

B. Coli _____
 Examiner _____



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

NW 5 W 1/2 Sec 23 + 5 N 22 E See Instructions on Reverse Side

1. County South Milwaukee Town Village City Oak Creek Check one and give name

2. Location 8964 So Chicago Rd South Mil Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent John Portu Name of individual, partnership or firm

4. Mail Address Box 101 Carrollville Complete address required

RECEIVED SEP 9 1955

5. From well to nearest: Building 15 ft; sewer ft; drain ft; septic tank ft; dry well or filter bed ft; abandoned well ft

ENVIRONMENTAL SANITATION

6. Well is intended to supply water for: home

7. DRILLHOLE:

Table with columns: Dia. (in.), From (ft.), To (ft.), Dia. (in.), From (ft.), To (ft.)

8. CASING AND LINER PIPE OR CURBING:

Table with columns: Dia. (in.), Kind and Weight, From (ft.), To (ft.)

9. GROUT:

Table with columns: Kind, From (ft.), To (ft.)

10. FORMATIONS:

Table with columns: Kind, From (ft.), To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 15 GPM. Depth from surface to water-level: 70 ft. Water-level when pumping: 70 ft. Water sample was sent to the state laboratory at: Madison on Sept 1 1955

Construction of the well was completed on: Aug 31 1955 The well is terminated 6 inches above, below the permanent ground surface. Was the well disinfected upon completion? Yes X No Was the well sealed watertight upon completion? Yes X No

Signature Cassimir Gydanski Registered Well Driller 7570 So Howell Mil Wis Complete Mail Address

Please do not write in space below

Rec'd SEP 2 - 1955 No Ans'd Interpretation SAFE

10 ml 10 ml 10 ml 10 ml 10 ml Gas-24 hrs. 48 hrs. Confirm B. Coli 0/5

Examiner



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

SE SENES 2375NB22E

See Instructions on Reverse Side

1. County Milwaukee } Town
 Village
 City Oak Creek
 Check one and give name
2. Location 3959 E. Depot Rd.
 Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Magdalena Baranek
 Name of individual, partnership or firm
4. Mail Address 3959 E. Depot Rd. Carrolville, Wis.
 Complete address required
5. From well to nearest: Building 6 ft; sewer 30 ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.
6. Well is intended to supply water for: home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	25	6	25	256

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
6	Standard weight		
	steel pipe	0	190

9. GROUT:

Kind	From (ft.)	To (ft.)
Fuddled clay	0	25

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 11 GPM.
 Depth from surface to water-level: 100 ft.
 Water-level when pumping: 157 ft.
 Water sample was sent to the state laboratory at:
Madison on Nov. 21 1955
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
red clay	0	17
blue "	64	81
sticky sand	17	98
blue clay	70	168
sand	19	187
lime rock	69	256

Construction of the well was completed on:
Nov. 22 1955

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Frank Lebeck
 Registered Well Driller

Rt. 2, Box 674 Hales Corners, Wis.
 Complete Mail Address

Rec'd. NOV 25 1955 No. 39718

Ans'd _____

Interpretation _____

NOV 28 1955

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

[SWNWNE Sec 23 T5N R22E] See Instructions on Reverse Side

1. County Milwaukee Town [X] Oak Creek Village [] City [] Check one and give name

2. Location 8870 S. Chicago Ave. SW, NW, NE, Sec 23 T5N R22E Name of street and number of premise or Section, Town and Range numbers

3. Owner [X] or Agent [] George Havanack Name of individual, partnership or firm

4. Mail Address 8870 S. Chicago Ave. Complete address required

5. From well to nearest: Building 15 ft; sewer ft; drain ft; septic tank ft; dry well or filter bed ft; abandoned well ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Table with columns: Dia. (in.), From (ft.), To (ft.)

8. CASING AND LINER PIPE OR CURBING:

Table with columns: Dia. (in.), Kind and Weight, From (ft.), To (ft.)

9. GROUT:

Table with columns: Kind, From (ft.), To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 7 Hrs. at 400 GPM. Depth from surface to water-level: 75 ft. Water-level when pumping: 80 ft. Water sample was sent to the state laboratory at: Madison on 11/13 1957

10. FORMATIONS:

Table with columns: Kind, From (ft.), To (ft.)

RECEIVED JAN 8 1958 ENVIRONMENTAL SANITATION

Construction of the well was completed on: 11/12 1957

The well is terminated 8 inches above, below the permanent ground surface.

Was the well disinfected upon completion? Yes [X] No []

Was the well sealed watertight upon completion? Yes [X] No []

Signature [Signature] Registered Well Driller

Route 2, Box 176 Waterford, Wis. Complete Mail Address

Rec'd No. Ans'd Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml Gas-24 hrs. 48 hrs. Confirm B. Coli Examiner



Plot 250

WELL-CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

W-1 6

SWNWNES-C23T5N R22E

See Instructions on Reverse Side

1. County MILWAUKEE Town Village City OAK CREEK
Check one and give name
2. Location 8854 So. CHICAGO AVE OAK CREEK, WIS.
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent JERRY HARVANAK
Name of individual, partnership or firm
4. Mail Address SAME AS ABOVE
Complete address required
5. From well to nearest: Building 12 ft; sewer 15 ft; drain 12 ft; septic tank 50 ft;
 dry well or filter bed 60 ft; abandoned well _____ ft.
6. Well is intended to supply water for: RESIDENCE

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	21			
6	21	225			

8. CASING AND LINER PIPE OR CURBING:

Dia (in)	Kind and Weight	From (ft.)	To (ft.)
6	WROUGHT IRON PIPE	0	165

9. GROUT:

Kind	From (ft.)	To (ft.)
CLAY SLURRY	0	21

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 12 GPM.
 Depth from surface to water-level: 98 ft.
 Water-level when pumping: 101 ft.
 Water sample was sent to the state laboratory at:
MADISON on 8/26 1963
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
RED CLAY	0	14
BLUE CLAY	14	161
PIRUS LIME	161	165
SOLID LIME	165	225
SEP	150	

Construction of the well was completed on:

AUG. 6 1963

The well is terminated 8 inches above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No

Was the well sealed watertight upon completion?

Yes No

Signature

Leo J. Blawie
 Registered Well Driller

Please do not write in space below

Complete Mail Address

1731 W. CRANCK AVE MILWAUKEE 21, WIS.

Rec'd

AUG 28 1963

No.

37143

Ans'd

Interpretation

SAFE - BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs.

48 hrs.

Confirm

B. Coli

Examiner



M L 3 2 6 5

1 COUNTY MILWAUKEE CHECK ONE Town Village City NAME OAK CREEK

2 LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
8760 So. CHICAGO RD NWNWNE 23T5NR2E **RECEIVED**

3. OWNER AT TIME OF DRILLING
DONALD S. MARTINKO OCT 7 1965

4. OWNER'S COMPLETE MAIL ADDRESS
8769 So. CHICAGO RD. OAK CREEK, WIS. **SANITARY ENGINEER**

5. Distance in feet from well to nearest:

BUILDING C. I.	SANITARY SEWER TILE	FLOOR DRAIN C. I.	FOUNDATION DRAIN SEWER CONNECTED	FOUNDATION DRAIN INDEPENDENT	WASTE WATER DRAIN C. I.	WASTE WATER DRAIN TILE
12	18	40			12	

CLEAR WATER DRAIN C. I.	CLEAR WATER DRAIN TILE	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
		65			75				

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for:
RESIDENCE

7. DRILLHOLE

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	Surface	21	5	177	220
6	21	177			

10. FORMATIONS

Kind	From (ft.)	To (ft.)
RED CLAY	Surface	14
BLUE CLAY	14	155
POROUS LIMESTONE	155	163
COARSE LIMESTONE	163	177
21' OF 5" LINER PIPE (From)	156	177
SOLID LIMESTONE	177	220

8. CASING, LINER, CURBING, AND SCREEN

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	WROUGHT IRON PIPE	Surface	163
5	21' OF 5" LINER	156	177

9. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
CLAY SLURRY	Surface	21

11. MISCELLANEOUS DATA

Yield test: 4 Hrs. at 15 GPM

Depth from surface to normal water level 90 ft.

Depth to water level when pumping 98 ft.

Water sample sent to MADISON laboratory on: OCT. 3 1965

Well construction completed on AUG. 6 1965

Well is terminated 8 inches above below final grade

Well disinfected upon completion Yes No


Well sealed watertight upon completion Yes No

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Leo J. Blawie COMPLETE MAIL ADDRESS 1731 W. PRANKS AVE MIL. WIS.

Registered Well Driller

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
				

WELL-CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
TOWN/WAVE Sec 2375N R22E See Instructions on Reverse Side

1. County Milwaukee Town Village City Oak Creek Check one and give name
2. Location 8770 So Chicago Rd.
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent John Eseni
Name of individual, partnership or firm
4. Mail Address Same
Complete address required
5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.
6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	30	6	30	215

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
2	Steel 30"	0	171

9. GROUT:

Kind	From (ft.)	To (ft.)
Mud		

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 10 GPM.
 Depth from surface to water-level: 90 ft.
 Water-level when pumping: 90 ft.
 Water sample was sent to the state laboratory at:
 _____ on 12/1/59 19____
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Red Clay	0	20
Blue Clay	20	155
Hard Clay	155	171
Limestone	171	215

Construction of the well was completed on:

12/1/59 19____

The well is terminated 1 ft inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

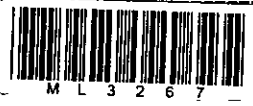
Was the well sealed watertight upon completion?

Yes No _____

Signature L. L. May 818 Michigan Ave So. Milwaukee Wis
 Registered Well Driller Complete Mail Address
 Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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



WELL CONSTRUCTION REPORT
WISCONSIN STATE BOARD OF HEALTH
WELL DRILLING DIVISION

OCT 7 1939

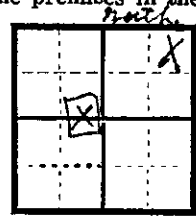
Note: Section 32 of the Wisconsin Well Drilling Sanitary Code, having the force and effect of law, provides that within thirty days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board.

Owner New Deal Sanitary District Driller Leroy Padtke
 Street or RFD Corroville Post Office Racine, Wis
 Post Office Corroville Date 9/30/39 Permit No. 90

LOCATION OF PREMISES

Milwaukee County Town of oak creek Town
 Describe further by subdivision, plat, district, lake, lot,
East of Hwy 42 on east end of
American Ave adjoining the
 block, nearest principal highway, etc., whichever apply.
Koppers co.

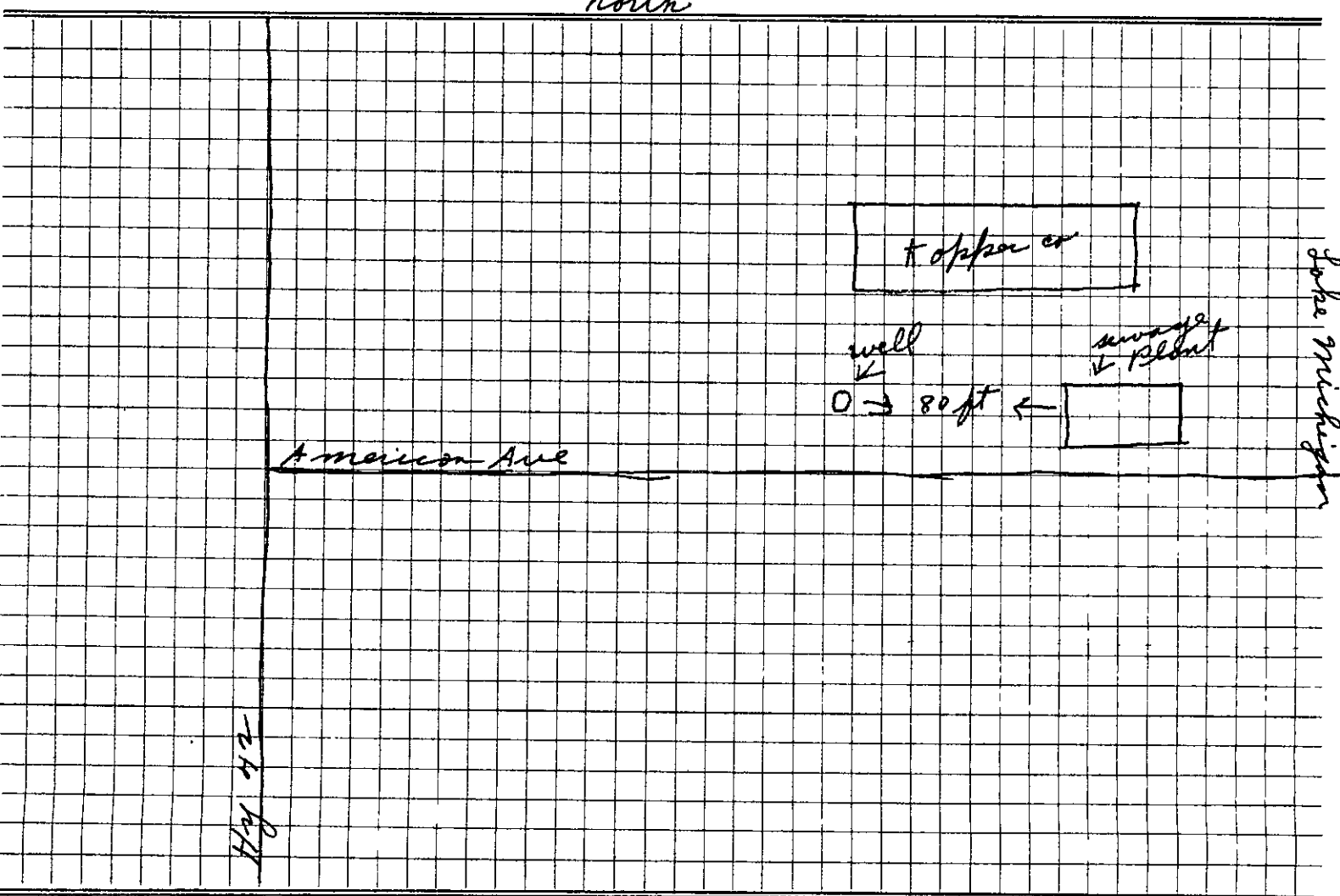
The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section.



Sec. 24
 Twp. Town of oak 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.



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

*youngstown
driller's
special pipe
K opened shoe
cement grout*

Inches	Diameter																Depth		
	2	3	4	5	6	8	10	12	14	16	18								
																		30'	Surface soil & Clay
																		48'	Light fine sand 18'
																		75'	Light blue Clay 27'
																		80'	Clay sand pocket 5'
																		100'	Heavy gravel 20'
																		105'	Red clay 5'
																		125'	Hard pan 20'
																		145'	Light red clay 20'
																		175'	Blue Clay 30'
																		178'	Gravel 3'
																		200'	Lime stone 5'
																		215'	Lime stone 32'
																		400'	
																		800'	
																		1200'	

Duration of test
Hours 1.5

Pumping rate
G.P.M. 1.3

Depth of pump in well. Ft. 7.2

Standing water-level (from surface)
Ft. 4.4

Water-level when pumping Ft. 4.6

Water. End of test.
Clear
Cloudy _____
Turbid _____

Was the well sterilized?
Yes No _____

To which laboratory was sample sent?
Keweenaw

Date Sept 1

Was the well sealed on completion?
Yes No _____

How high did you leave the casing-pipe above grade?
1 ft.

Well was completed
Date 7/30/39

Well Driller
Lewis Radtke
Signature

Draw the diagram to show the right half only

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

1. County Milwaukee Town Village City Oak Creek
Check one and give name

2. Location 4042 - E. Ryan Rd. SW SW SW Sec 24 T5N R22E
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent E. M. Boerke - Realty Co.
Name of individual, partnership or firm

4. Mail Address Milwaukee
Complete address required

5. From well to nearest: Building 20 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	50	6	50	264

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Steel	0	198

9. GROUT:

Kind	From (ft.)	To (ft.)
Mud		

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 10 GPM.
 Depth from surface to water-level: 105 ft.
 Water-level when pumping: 110 ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	120
Mucky Sand	120	165
Clay	165	190
Hard Pan	190	198
Limestone	198	264

RECEIVED

AUG 15 1961

SANITARY ENGINEERING

Construction of the well was completed on 1/5/61 19____
 The well is terminated 1 ft inches
 above, below the permanent ground surface.
 Was the well disinfected upon completion?
 Yes No _____
 Was the well sealed watertight upon completion?
 Yes No _____

Signature L. L. May Registered Well Driller Complete Mail Address _____
Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

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



WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

RECEIVED
MAR 17 1954

1. County

Milwaukee

Town
Village
City

ML-332-6
Oak Creek

Check one and give name

ENVIRONMENTAL
SANITATION

TSN, R 22E

NW, SE, SW

2. Location

Sec. 24, Town of Oak Creek, Milwaukee County

Name of street and number of premise or Section, Town and Range numbers

SW, NW, NW, NW, SE, SW, Sec. 24

3. Owner or Agent

Allis Chalmers Manufacturing Company

Name of individual, partnership or firm

4. Mail Address

1126 South 70th Street, West Allis, Wisconsin - (Main Office)

Complete address required

5. From well to nearest: Building _____ ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;

dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Fire Protection

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
16	0	680			
12	680	1757			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
16	Steel	3' above ground sur	190
12	Steel	180	680

9. GROUT:

Kind	From (ft.)	To (ft.)
NO GROUT REQUIRED		

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 752 GPM.

Depth from surface to water-level: 88 ft.

Water-level when pumping: 175 ft.

Water sample was sent to the state laboratory at:

TAKEN CARE OF MY CUSTOMER

on 19 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sand, gravel & clay	0	190
Limestone	190	435
Shale	435	670
Limestone	670	925
Sandstone with streaks of shale	925	1030
Sandstone	1030	1757

Construction of the well was completed on:

February 19 54

The well is terminated approx. 36 inches above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes X No

Was the well sealed watertight upon completion?

Yes X No

LAYNE-NORTHWEST COMPANY

Signature *D.E. Lush* Geologist, 6005 W. Martin Dr., Milwaukee 13, Wis.

Registered Well Driller

Please do not write in space below

Complete Mail Address

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____

plot



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

Wsl 6

1. County Milwaukee Town
Village Oak Creek, Wis.
City Check one and give name

2. Location Job on Plevak Rd. N.W. of the S.W. Sect 24 T.5N R.22 ?
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Bill Mark
Name of individual, partnership or firm

4. Mail Address 15th & Forest Hill Ave. Oak Creek, Wis.
Complete address required

5. From well to nearest: Building 15 ft; sewer 25 ft; drain 25 ft; septic tank 50 ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

NOV 2 1961

SANITARY ENGINEERING

6. Well is intended to supply water for: Farm Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	142			
6 1/2	0	240			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
70D	Steel	0	148

9. GROUT:

Kind	From (ft.)	To (ft.)
Puddled Clay	0	148

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Puddled Clay	0	142
Sand and gravel	142	148
Limerock	148	240

RECEIVED

SEP 26 1961

E. N. ...

Construction of the well was completed on:

Sept. 12 1961

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

Was the well sealed watertight upon completion?

Yes No _____

11. MISCELLANEOUS DATA:

Yield test: 14 Hrs. at 10 GPM.
 Depth from surface to water-level: 125 ft.
 Water-level when pumping: 130 ft.
 Water sample was sent to the state laboratory at:
Madison on Sept 18 1961
City

Signature Henry Rutz
Henry Rutz & Son, Inc.
 Registered Well Driller

12565 W. Lisbon Rd. Brookfield, Wis.
 Complete Mail Address

Please do not write in space below

Rec'd SEP 19 1961 37209

Ans'd _____
 Interpretation SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____



WELL CONSTRUCTION REPORT
 WISCONSIN STATE BOARD OF HEALTH
 WELL DRILLING DIVISION

FEB -9 1944

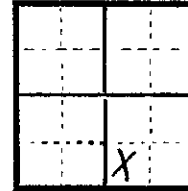
Note: Section 32 of the Wisconsin Well Drilling Sanitary Code, having the force and effect of law, provides that within thirty days after completion of every well the driller shall submit a report covering all essential details of construction to the State Board of Health on a form provided by the Board.

Owner Cyril Juran Driller Knaack & Son Co.
 Street or RFD S.E. Cor. Ryan Rd + 5th Ave Post Office 14237 56th St. Milwaukee
 Post Office Carrollville Wis Date Feb 2, 1940 Permit No. 226

LOCATION OF PREMISES

Milwaukee County Oak Creek Town
S.E. corner Ryan Rd (Hwy 100) + 5th Ave
 Describe further by subdivision, plat, district, lake, lot,
Highway 100
 block, nearest principal highway, etc., whichever apply.

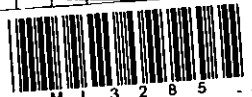
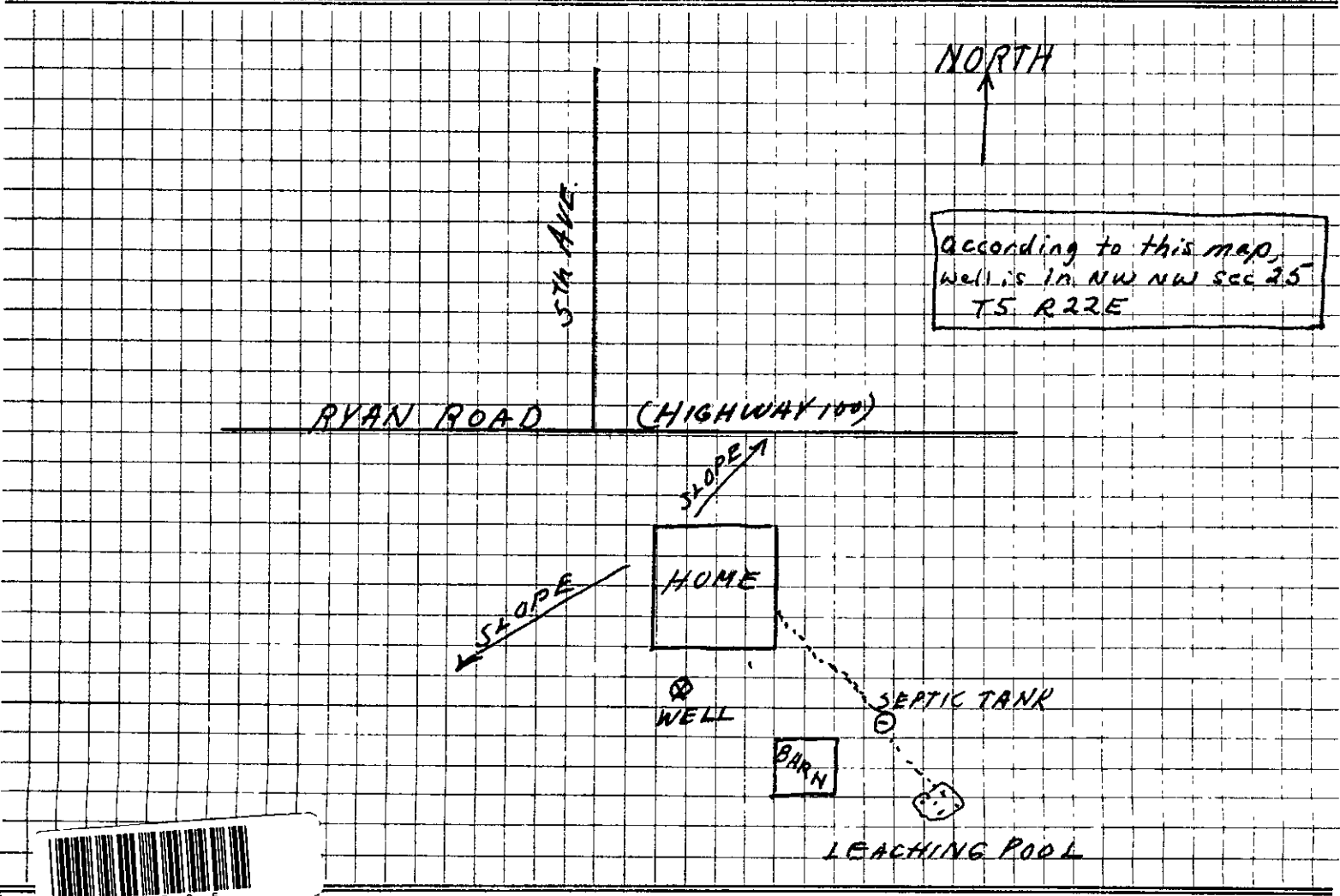
The square below represents a section of land divided into 40 acre tracts. Mark the position of the premises in the section.



NW NW Sec 25
 Sec. 24
 Twp Oak 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.



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)

Owner Steve Subjatek Driller Theo Hatory
 (If a joint ownership give name of responsible official. Also name of each individual holding an interest. Use a separate sheet and attach hereto.)
 Address Town of Lake - Milwaukee Address Rte. 1. Box 535
 (City, village, township, county) Cudahy, Wisconsin
 Date of Report June 30 1937
 Registration No. 44

Give below the location of the property on which well is drilled.
 If incorporated village or city: _____
 If unincorporated hamlet _____
 If Lake Shore Plat _____
 If Farm _____
 If School _____
 If other public building _____
 Miscellaneous Suburban Kind Milwaukee County Rak Creek Twp. 26 Sec. 26

WELL LOG and REPORT

Kind of casing and liner in feet. Kind of shoe. Indicate grout, screen, seal, etc.	WELL DIAGRAM Vertical Lines = in. Dia. Horizontal Lines = ft. Depth	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
<u>191' of 5" Steel drive pipe down 194'</u>		<u>0' To 4' Pit</u>	Duration of test. <u>6</u> Hours Pumping Rate. <u>25</u> G.P.M.
<u>130' of old well filled with Clay.</u>		<u>4' To 134' old well.</u> <u>Cased with 12" Cement Pipe</u>	Depth of pump in well. Ft. <u>130</u> Standing water-level (from surface.) Ft. <u>75</u> Water level when pumping Ft. <u>95</u> Water. End of test. Check: Clear <input checked="" type="checkbox"/> Cloudy _____ Turbid _____ Was well sterilized before test? Yes <input checked="" type="checkbox"/> No _____ Date <u>6/19/37</u>
<u>Forged Steel Shoe.</u>		<u>139' To 193' Clay.</u> <u>193' To 232' - 8" Lime Rock.</u>	To which Laboratory was sample sent? <u>Madison</u> Date <u>6/22/37</u> Was the well sealed on completion? Yes <u>Pump Installed</u> No _____ How high did you leave casing above grade? <u>6" above pit floor</u> Well was completed <u>6/22</u> 19 <u>37</u> Well Driller: _____ 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.

REMARKS :

Indicate position of premises in the Section

NORTH

		*	

Sec 26 T. 5 R. 22 (E) (SW)

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

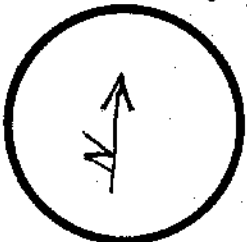
Ryan Road

Garage
Barn

Well
Slope
Septic Tank

Highway 42

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.

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

RECEIVED

1. County Monroe

Town
Village
City

Oak Creek

Check one and give name

NE, NE, NE, Sec 26 OCT 1

TSN R22E

2. Location

3981-E. Ryan Rd.

Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent

Wern Pergande

Name of individual, partnership or firm

4. Mail Address

Same

Complete address required

5. From well to nearest: Building 15 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	25	6	20	288

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel Pipe #20	0	198

9. GROUT:

Kind	From (ft.)	To (ft.)
Mud/Cuttings	0	198

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 10 GPM.

Depth from surface to water-level: 120 ft.

Water-level when pumping: 125 ft.

Water sample was sent to the state laboratory at:

Madison on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	120
Sand	120	123
Clay	123	196
Hard Pan	196	198
Limestone	198	288

Construction of the well was completed on:

10/4/63 19____

The well is terminated 8" inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

Was the well sealed watertight upon completion?

Yes No _____

Signature

L. L. May
Registered Well Driller

Registered Well Driller

Please do not write in space below

9112-20.13th Oak Creek wis.
Complete Mail Address

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

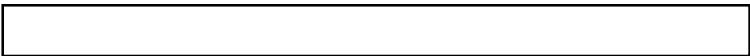
Confirm _____

B. Coli _____

Examiner _____



M 1 3 4 1 2



WISCONSIN UNIQUE WELL NUMBER
SOURCE: WELL CONSTRUCTION **ML769**

Property Owner **HYNITE CORP** Telephone Number - -

Mailing Address **4301 E DEPOT RD**

City **OAK CREEK** State **WI** Zip Code **53154**

County of Well Location **41 MILWAUKEE** Co Well Permit No **W** Well Completion Date **June 17, 1998**

State of Wi-Private Water Systems-DG/2
 Department Of Natural Resources, Box 7921
 Madison, WI 53707

Form 3300-77A
 (Rev 12/00)

Depth **430** FT

Well Constructor **KENNETH R SWEENEY** License # **583** Facility ID (Public)

Address **11221 W ST MARTINS R** Public Well Plan Approval#

City **FRANKLIN** State **WI** Zip Code **53132** Date Of Approval

Hicap Well # Common Well # gpm/ft

1. Well Location

C T=Town C=City V=Village Fire#

of **OAK CREEK**

Street Address or Road Name and Number
4301 E DEPOT RD

Subdivision Name Lot# Block #

Gov't Lot Section **24** T **5** N R **22** E or **SW** 1/4 of **NW** 1/4 of

Latitude Deg. Min. Longitude Deg. Min.

2. Well Type **1** 1=New Lat/Long Method

2=Replacement (See item 12 below)

3=Reconstruction of previous unique well # _____ constructed in **0**

Reason for replaced or reconstructed Well?

3. Well Serves # of homes and or **INDUSTRIAL BUILDING** High Capacity: Well? **N** Property? **N**

(eg: barn, restaurant, church, school, industry, etc.)

N M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

1 1=Drilled 2=Driven Point 3=Jetted 4=Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? **Y**

Well located in floodplain? **N** **60** 9. Downspout/ Yard Hydrant 17. Wastewater Sump

Distance in feet from well to nearest: (including proposed)

1. Landfill	10. Privy	17. Wastewater Sump
48 2. Building Overhang	11. Foundation Drain to Clearwater	18. Paved Animal Barn Pen
3. 1=Septic 2= Holding Tank	12. Foundation Drain to Sewer	19. Animal Yard or Shelter
4. Sewage Absorption Unit	13. Building Drain	20. Silo
5. Nonconforming Pit	14. Building Sewer 1=Cast Iron or Plastic 2=Other	21. Barn Gutter
6. Buried Home Heating Oil Tank	15. Collector Sewer: ___ units ___ in . diam.	22. Manure Pipe 1=Gravity 2=Pressure
7. Buried Petroleum Tank		1=Cast iron or Plastic 2=Other
8. 1=Shoreline 2= Swimming Pool	16. Clearwater Sump	23. Other manure Storage
		24. Ditch
		25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

Dia.(in.)	From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
6.0	surface	430	-- 1. Rotary - Mud Circulation -----	
			-- 2. Rotary - Air -----	
			-- 3. Rotary - Air and Foam -----	
			-- 4. Drill-Through Casing Hammer	
			-- 5. Reverse Rotary	
			-- 6. Cable-tool Bit ___ in. dia -----	
			-- 7. Temp. Outer Casing ___ in. dia. ___ depth ft. Removed ?	
			Other	

Geology Codes	8. Geology Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
T_CG	STONEY BROWN CLAY	0	7
U_C_	BLUE CLAY	7	138
U_CG	STONY BLUE CLAY	138	171
G	GRAVEL	171	187
L	LIMESTONE	187	421
_LH	LIMESTONE @ SHALE	421	427
H	SHALE	427	430

6. Casing Liner Screen Material, Weight, Specification From To

Dia. (in.)	Manufacturer & Method of Assembly	(ft.)	(ft.)
6.0	18 97LB PER FT ASTM A53B SAWHILL WELDED	surface	187

Dia.(in.) Screen type, material & slot size From To

9. Static Water Level 96.0 feet **B** ground surface ..=Above B=Below

11. Well Is: **A** Grade **24** in. A=Above B=Below

Developed? **Y**

Disinfected? **Y**

Capped? **Y**

10. Pump Test Pumping level **180.0**ft. below surface Pumping at **17.0** GPM **1.00**hrs

7. Grout or Other Sealing Material

Method	From (ft.)	To (ft.)	# Sacks Cement
Kind of Sealing Material			

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property?

If no, explain



[Empty box]

8LB 20 BENTONITE 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? Variance Issued?
Owner Sent Label? Y More Geology?

Batch 522

[Empty box]