

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Eastman
Village
City Check one and give name T8N R6W
2. Location Lot - 11 NW 1/4 of Sec. 8-8-6 near alley 35
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Cay L. Es
Name of individual, partnership or firm
4. Mail Address Lynxville
Complete address required
5. From well to nearest: Building _____ ft; sewer _____ ft; drain _____ ft; septic tank 50 ft; when installed.
 dry well or filter bed _____ ft; abandoned well _____ ft. Nothing but well there now.
6. Well is intended to supply water for: Trailer Court.

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10"	top	33			
6"	33	15			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Steel 1945 th	top	33

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	top	33

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.
 Depth from surface to water-level: 45 ft.
 Water-level when pumping: 60 ft.
 Water sample was sent to the state laboratory at:
Madison on 5/9 1962
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sand	top	5
Sandstone	5	15

RECEIVED

MAY 14 1962

SANITARY
ENGINEER

Construction of the well was completed on:

4/14 1962

The well is terminated 14 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 Arthur W. Meyer
 Registered Well Driller

New alb. Iowa
 Complete Mail Address

Please do not write in space below

Rec'd MAY 8 - 1962 No. 271

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 _____