

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

RECEIVED
DIV 13/1950
S.B.U. 514

1. County Crawford { Town Eastman
Village _____
City _____

2. Location Section # 34 - Twp 9N, R 5W

3. Owner or Agent Mike Heiss

4. Address Lynxville Wisconsin

5. From well to nearest: Building 20 garage 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: Farm use

7. DRILLHOLE OR EXCAVATION:

Dia. (in.)	From (ft.)	To (ft.)
6"	0	196

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
23	7/8 of 5" Standard Black pipe used		

9. GROUT:

Kind	From (ft.)	To (ft.)

10. FORMATIONS:

Kind	Thick-ness (ft.)	Total Depth (ft.)
Clay	0	184
hard Stone		196

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 6 GPM.

Depth from surface to water: 180 ft.

Water-level when pumping: Et Same ft.

Water sample sent to laboratory at Aug on 17 1950

Construction of the well was completed on August 12 1950

The well is terminated 16 inches (above) (below) the permanent grade.

Was the well disinfected upon completion? Yes yes No _____

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

Signature H.W. Bartels
Registered Well Driller
Boscobel

202 W. Le Grande
Complete Mail Address
Wisconsin