

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

1. County  Crawford  Town  Village  City   Lynxville   
Check one and give name

2. Location  Main Street Lot 4 Block 12  (T9, 6W)  
Name of street and number of premises or Section, Town and Range numbers  
Sec 14 or 23

3. Owner  or Agent   W. Stan Parkin   
Name of individual, partnership or firm

4. Mail Address  Lynxville Wis   
Complete address required

5. From well to nearest: Building  4  ft; sewer   ft; drain   ft; septic tank  5.5  ft;  
dry well or filter bed   ft; abandoned well   ft.

6. Well is intended to supply water for:  water

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
4	Top	70			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11 #	top	75

9. GROUT:

Kind	From (ft.)	To (ft.)
None		

11. MISCELLANEOUS DATA:

Yield test:  4  Hrs. at  6  GPM.  
Depth from surface to water-level:  8  ft.  
Water-level when pumping:  1.1  ft.  
Water sample was sent to the state laboratory at:  
 Madison  on  5/3  1961  
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sand	top	8.4
Sandstone	8.4	90

RECEIVED  
MAY 11 1961  
SANITARY  
ENGINEERING

Construction of the well was completed on:  5/1  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  E. Edwin Wray  Registered Well Driller  
Please do not write in space below  
 Newell Iowa  Complete Mail Address

Rec'd  MAY 4 - 1961  No.  14245   
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 \_\_\_\_\_