

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Lot - 19-20 Block - 15-19 N. Row Sec 14 or 23 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Mrs Dorothy Walcott Name of individual, partnership or firm

4. Mail Address Lynxville Complete address required

5. From well to nearest: Building 8 ft; sewer ft; drain ft; septic tank ft; dry well or filter bed ft; abandoned well ft. Dig about 5 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	top	49			
4"	49	116			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11#	top	49

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	top	49

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.

Depth from surface to water-level: 70 ft.

Water-level when pumping: 90 ft.

Water sample was sent to the state laboratory at:

Madison on 5/9 1962 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Shale	top	40
Sand & siltstone	40	80
Sandstone	80	116

RECEIVED

MAY 14 1962

SANITARY ENGINEERING

Construction of the well was completed on:

4/30 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 Edwin Arney Registered Well Driller

Therese Du Complete Mail Address

Please do not write in space below

Rec'd MAY 10 1962 No. 14201

Ans'd Interpretation This sample is unsatisfactory for bacteriological analysis because of the presence of chlorine.

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

WELLS THAT HAVE BEEN DISINFECTED WITH CHLORINE SHOULD BE PUMPED UNTIL ALL CHLORINE IS REMOVED.

Examiner