

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town
Village
City Lynnville check one and give name

2. Location Bob Hagmann (19 N. R. 6 W.) Sec. 14 or 23
Name of street and number of premise or Section, Town and Range Numbers

3. Owner or Agent Lot # 27 - Armstrong add. Lynnville
Name of individual, partnership or firm

4. Mail Address Lynnville, Wis
Complete address required

5. From well to nearest: Building 12 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.)
8	top	45	4"	45	108

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11#	top	45

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	top	45

11. MISCELLANEOUS DATA:

Yield test: 8 Hrs. at 10 GPM.
 Depth from surface to water-level: 45 ft.
 Water-level when pumping: 63 ft.
 Water sample was sent to the state laboratory at:
Madison on 12/2 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay + gravel		40
Silt & Shale	40	108

RECORDED
DEC 4 1959

Construction of the well was completed on:
12 30 1959

The well is terminated 4" 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 W. Meyer & Son
 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 _____