

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Lynnville
Village City 9 R 6 W Sec 14 or 23
Check one and give name

2. Location Book 13, Lot 4
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent W. H. Boardman
Name of individual, partnership or firm

4. Mail Address Lynnville
Complete address required

5. From well to nearest: Building 6 ft; sewer _____ ft; drain _____ ft; septic tank 50 ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: gas station

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
4"	top	110	4"	top	bottom

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	11 # Steel		105

9. GROUT:

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

11. MISCELLANEOUS DATA:

Yield test: 20 Hrs. at 3 GPM.
 Depth from surface to water-level: 7 ft.
 Water-level when pumping: -17 ft.
 Water sample was sent to the state laboratory at:
Madison on 8/1/60 1960
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sand + gravel	top	105
Sand Rock	105	110

RECEIVED
 AUG 10 1960
 SANITARY
 ENGINEERING

Construction of the well was completed on:
12/9 1960
 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 Edwin W. Meyer
Registered Well Driller

New alb. Iowa
Complete Mail Address

Please do not write in space below

Rec'd 28781
No. 28781

Ans'd UNSAFE

Interpretation Because of the presence of B. Coli in one of the 10-cc. portions of this sample another examination is advisable.

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. +
 48 hrs. 0000
 Confirm f
 B. Coli 1/5
 Examiner _____