

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 Plot #4 Acres - E. of Highway 35 - Section 6 - Twp 4. R 2 N.
Name of street and number of premise or Section, Town and Range numbers Twp 4. R 2 N. Sec 6

3. Owner or Agent Fred Cooper
Name of individual, partnership or firm

4. Mail Address Lynxville wis - R.F.D.
Complete address required

5. From well to nearest: Building 100 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

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
12"	0	4			
5"	4	75			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
5"	Stan Steel		
	Bbb pipe	54	75 used

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 5 GPM.
 Depth from surface to water-level: 25 ft.
 Water-level when pumping: About Same ft.
 Water sample was sent to the state laboratory at:
Madison on Sept 27 1955
City Returns Safe

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sandy Soil	0	2
Clay-Mud	2	10
Sand-Water etc	10	30
Gravel-Water -	30	70
Sand Rock	70	75

RECEIVED

AUG 15 1957

ENVIRONMENTAL SANITATION

Construction of the well was completed on:
September 24 1955

The well is terminated 14" inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes Yes No _____

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

Signature H. W. Bartels P.O. Box 175 - Boscobel, Wis.
Registered Well Driller Complete Mail Address

Please do not write in space below

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 _____