

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 Block-1 - Lot 8 Sec 13 Township 9 N R 6 West
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Ester Benson
Name of individual, partnership or firm

4. Mail Address Lynxville
Complete address required

5. From well to nearest: Building 15 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: House use

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
4"	top	74	4"	74	107

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	steel 11 #	top	74

9. GROUT:

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

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 3 GPM.
 Depth from surface to water-level: 40 ft.
 Water-level when pumping: 55 ft.
 Water sample was sent to the state laboratory at:
Madison on 4/7 1957
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Mixture of Sand		
and mud	top	65
Sandstone	65	107

RECEIVED

DEC 18 1959

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:
4/11 1957

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
Registered Well Driller

Yves alb. Jura
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 _____