

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

1. County Crawford Town Village City Lynxville, Wis.
Check one and give name of Township

2. Location Town 9 North Range 6 West Section 23 Lot No. 2 addition
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Lynxville State Grade School Jt. Disc. No. 9
Name of individual, partnership or firm

4. Mail Address Lynxville, Wis.
Complete address required

5. From well to nearest: Building 5 ft; sewer _____ ft; drain _____ ft; septic tank 100 ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: School

7. DRILLHOLE:

Dis. (in.)	From (ft.)	To (ft.)	Dis. (in.)	From (ft.)	To (ft.)
6	0	107	6	84	107
10	0	84			

8. CASING AND LINER PIPE OR CURBING:

Dis. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	pipe 19.45#	0	101

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	84

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 15 GPM.
 Depth from surface to water-level: 40 ft.
 Water-level when pumping: 40 ft.
 Water sample was sent to the state laboratory at:
Madison on 19
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	7
Limestone	7	30
Shale	30	80
Sandy shale	80	107
Green		

RECEIVED

FEB 3 1959

ENVIRONMENTAL SANITATION

Construction of the well was completed on:
Jan 31 1959

The well is terminated 10 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 Duane Lubbers
 Registered Well Driller

Farmersburg, Ia
 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 _____