

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

W-1 6

See Instructions on Reverse Side

1. County Crawford Town Lynsvelle Village Lynsvelle City Lynsvelle
 2. Location Lot 1 - B-13 - W.S. street 251201 - NW 1/4 Sec 23 - T9 N - R6 W.
Name of street and number of premise or Section, Town and Range numbers.

RECEIVED

APR 14 1966

3. Owner or Agent Phil Whitty
Name of individual, partnership or firm
 4. Mail Address Lynsvelle wis -
Complete address required

SANITARY ENGINEERING

5. From well to nearest: Building 4 ft; sewer _____ ft; drain _____ ft; septic tank 80 ft;
 dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: Tavern

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8"	top	35'	4"	35	112

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11#	top	84

9. GROUT:

Kind	From (ft.)	To (ft.)
Grout - top	top	35
Sand & gravel		

11. MISCELLANEOUS DATA:

Yield test: 18 Hrs. at 10 GPM.
 Depth from surface to water-level: 6 ft.
 Water-level when pumping: 30 ft.
 Water sample was sent to the state laboratory at:
Madison on 3/14 1966
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	35
Sand & gravel	35	69
Sandstone	69	112

Construction of the well was completed on: 3/5 1966

The well is terminated 18 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

Neal Alb. Long
 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 _____

826