

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 S.W. 1/4, 2 N.E. 1/4, Sec 23 - Township 9 N, Range 6 W.
Name of street and number of premise or Section, Town and Range numbers

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

4. Mail Address Lynxville
Complete address required

5. From well to nearest: Building 8 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.) |
|------------|------------|----------|------------|------------|----------|
| 8" | top | 75' | 4" | 75' | 150' |

8. CASING AND LINER PIPE OR CURBING:

| Dia. (in.) | Kind and Weight | From (ft.) | To (ft.) |
|------------|-----------------|------------|----------|
| 4" | Steel 11 H | top | 75' |

9. GROUT:

| Kind | From (ft.) | To (ft.) |
|--------|------------|----------|
| Cement | top | 75' |

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 5 GPM.
Depth from surface to water-level: 67 ft.
Water-level when pumping: 77 ft.
Water sample was sent to the state laboratory at:
Madison City on 12/17 1959

10. FORMATIONS:

| Kind | From (ft.) | To (ft.) |
|--------------|------------|----------|
| Clay | 4 | 20 |
| Shale | 20 | 60 |
| Sand & Shale | 60 | 75 |
| Sandstone | 75 | 150 |

RECEIVED
DEC 18 1959
ENVIRONMENTAL
SANITATION

Construction of the well was completed on:
12/7 1959

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 Wray
Registered Well Driller

News alb Iowa
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. Coll _____
Examiner _____