

1. COUNTY Crawford CHECK ONE Town Village City NAME Lynxville

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
pt N. 10 1/4, N E 1/4, NE 1/4, NE 1/4 Sec 13 - TSP 9N, R 2W

3. OWNER AT TIME OF DRILLING Jack M. Martini

4. OWNER'S COMPLETE MAIL ADDRESS Lynxville - Wis

5. Distance in feet from well to nearest: (Record answer in appropriate block)

BUILDING	SANITARY SEWER C. I.	FLOOR DRAIN TILE	FOUNDATION DRAIN SEWER CONNECTED	FOUNDATION DRAIN INDEPENDENT	WASTE WATER DRAIN C. I.	WASTE WATER DRAIN TILE

CLEAR WATER DRAIN C. I.	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILLO	ABANDONED WELL	SINK HOLE
	<u>Vacant lots</u>							

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: May Become a Trailer Court -

7. DRILLHOLE						10. FORMATIONS			
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)	
4"	Surface	50	4"	50	84	Sand	Surface	50	
						Sandstone	50	84	

8. CASING, LINER, CURBING, AND SCREEN			
Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	new B&P T&C 11#	Surface	57

9. GROUT OR OTHER SEALING MATERIAL			
Kind	From (ft.)	To (ft.)	
Surface			

Well construction completed on 6/8 1970

11. MISCELLANEOUS DATA

Yield test: 4 Hrs. at 20 GPM Well is terminated 12 inches above below final grade

Depth from surface to normal water level 15 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 20 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison laboratory on: 6/12 1970

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE [Signature] Registered Well Driller COMPLETE MAIL ADDRESS New alb. Iowa

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
829				