

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town  Seneca  
 Village   
 City  Check one and give name

2. Location Gov. Post 2 - on Hwy 35 Sec 27 - Township 9  
 Name of street and number of premise or Section, Town and Range numbers  
T 9 N R 6 W

3. Owner  or Agent  John Martin  
 Name of individual, partnership or firm

4. Mail Address Lynxville  
 Complete address required

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SANITARY ENGINEERING

5. From well to nearest: Building 90 ft; sewer \_\_\_\_\_ ft; drain \_\_\_\_\_ ft; septic tank \_\_\_\_\_ ft;  
 dry well or filter bed \_\_\_\_\_ ft; abandoned well \_\_\_\_\_ ft. Outside toilet 60 ft

6. Well is intended to supply water for: Trailer

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	top	157 <sup>30?</sup>	4	15	133

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11 #	top	33

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	15 ft	top

11. MISCELLANEOUS DATA:

Yield test: 4 Hrs. at 10 GPM.  
 Depth from surface to water-level: 65 ft.  
 Water-level when pumping: 60 ft.  
 Water sample was sent to the state laboratory at:  
Madison on 6/26 1961  
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Shale	top	15 ft
Sand	15	20 ft
Limestone and Mistake shale	20	133 ft

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Construction of the well was completed on: 6/21 1961

The well is terminated 12 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  
 Complete Mail Address Box 55 New Albion Iowa

Please do not write in space below

Rec'd JUN 27 1961 No. 22300

Ans'd \_\_\_\_\_  
 Interpretation SAFE - BACTERIOLOGICALLY

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas - 24 hrs.	_____	_____	_____	_____	_____
48 hrs.	_____	_____	_____	_____	_____
Confirm	_____	_____	_____	_____	_____
B. Coli	0	_____	_____	_____	_____

Examiner \_\_\_\_\_