

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Lot # 4 Armstrong Addition **(9N4W)** **Sec 14 or 23**
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Walter Caya
Name of individual, partnership or firm

4. Mail Address Lynxville Wis
Complete address required

5. From well to nearest: Building 20 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: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	top	65	4"	65	105

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	Steel 11lb	top	65

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	65	top

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 10 GPM.
 Depth from surface to water-level: 48 ft.
 Water-level when pumping: 65 ft.
 Water sample was sent to the state laboratory at:
Madison on 12/1 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Shale	top	55
Sandstone	55	105

RECEIVED
 SEP 3 1959
 ENVIRONMENTAL
 SANITATION

Construction of the well was completed on: 11 23 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 W. Meyer
Registered Well Driller

Neal A. 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. Coll _____
 Examiner _____