

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 T9N R6W Sec. 14
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Artell Cava
Name of individual, partnership or firm

4. Mail Address Lynxville Wisconsin
Complete address required



5. From well to nearest: Building 5 ft; sewer _____ ft; drain _____ ft; septic tank 35 ft;
 dry well or filter bed 125 ft; abandoned well _____ ft.

6. Well is intended to supply water for: House

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20	6	20	90

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel	0	23

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay slurry	0	20

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 30 GPM.
 Depth from surface to water-level: 20 ft.
 Water-level when pumping: 20 ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	5
Loose sand & gravel	5	65
Green clay	65	70
Firm sandstone and layers of shale	70	90

Construction of the well was completed on: 6/16 1953

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 Thomas Richard Linden Wis
Registered Well Driller 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 _____