

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

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

2. Location Section 4 T8N4W R4W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Loren Curtis
 Name of individual, partnership or firm

4. Mail Address R.F.D. Steuben, Wisconsin
 Complete address required

5. From well to nearest: Building 8 ft; sewer 15 ft; drain 15 ft; septic tank 50 ft;
 dry well or filter bed 75 ft; abandoned well 0 ft.

6. Well is intended to supply water for: farm + home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	110			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	standard wt.	0	93

9. GROUT:

Kind	From (ft.)	To (ft.)
loose sand	15	85
clay	0	15

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 20 GPM.
 Depth from surface to water-level: 60 ft.
 Water-level when pumping: 60 ft.
 Water sample was sent to the state laboratory at:
Madison on Sept. 22 1959
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
clay	0	15
loose sand	15	85
shalestone	85	110

Construction of the well was completed on:
July 27 1959

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 Kenneth Cyprian
 Registered Well Driller

R3, Box 36, Boscobel, Wis
 Complete Mail Address

Please do not write in space below

Rec'd SEP 23 1959 N33571

Ans'd _____
 Interpretation **SAFE**

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

Examiner _____