

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

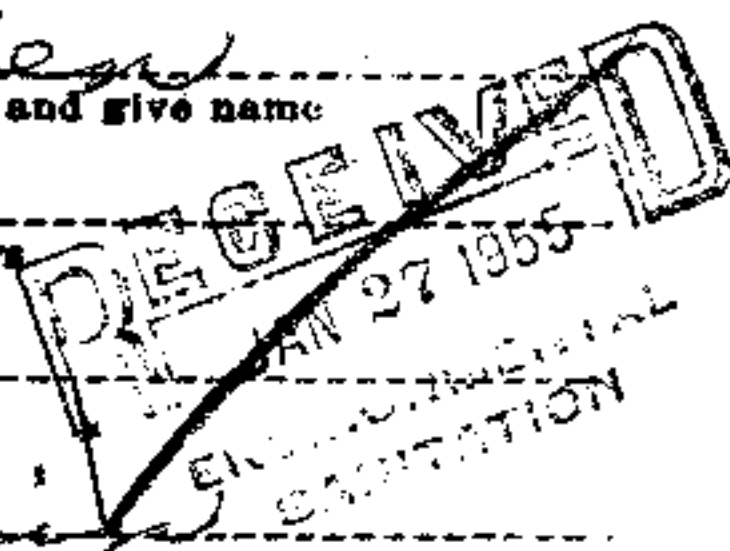
2. Location Steuben Sec 9, 8N, 4W
Name of street and number of premises or Section, Town and Range numbers

3. Owner or Agent Truman Jacobus
Name of individual, partnership or firm

4. Mail Address Steuben, Wisconsin
Complete address required

5. From well to nearest: Building 16 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;
dry well or filter bed 0 ft; abandoned well 0 ft.

6. Well is intended to supply water for: Home



7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	0	65			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
	sand	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.

Depth from surface to water-level: 15 ft.

Water-level when pumping: _____ ft.

Water sample was sent to the state laboratory at:
_____ on _____ 19____
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
flowing sand	0	50
shale stone	50	65

Construction of the well was completed on:
Dec 28 1954

The well is terminated 6 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 Coyman Boschel Wise
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd JAN 20 1955 No. 1688 10 ml 10 ml 10 ml 10 ml 10 ml

Ans'd _____

Interpretation SAFE

Gas—24 hrs. 0

48 hrs. 0

Confirm _____

B. Coli 0/5

Examiner _____