

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

RECEIVED

DEC 27 1961

1 County Crawford

Town  Village  City  Steuben  
Check one and give name

2 Location Village of Steuben LOT No 52  
Name of street and number of premise or Section, Town and Range numbers

Range R 4 W-T-8-N

3. Owner  or Agent  Mrs. Luella Hansen  
Name of individual, partnership or firm

4. Mail Address 306 Fremont Street, Boscobel, Wis.  
Complete address required

5. From well to nearest: Building 8 ft; sewer 0 ft; drain 0 ft; septic tank 5 ft;  
dry well or filter bed 75 ft; abandoned well 35 ft.

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6. Well is intended to supply water for: Home

OCT 5 1962

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6"	0	92			

10. FORMATIONS:

Kind	(ft.)	(ft.)
dark soil	0	10
loose sand	10	35
muddy formation	35	76
shale stone	76	92

SANITARY ENGINEERING

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	8

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9. GROUT:

Kind	From (ft.)	To (ft.)
None		

OCT 25 1962

JUL 26 1961

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 15 GPM.  
Depth from surface to water-level: 55 ft.  
Water-level when pumping: 55 ft.  
Water sample was sent to the state laboratory at:  
Madison on July 18 1961  
City

SANITARY ENGINEERING

Construction of the well was completed on:

July 11 1961

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 Coplan  
Registered Well Driller

R 3 Box 36 Boscobel, Wis.  
Complete Mail Address

Please do not write in space below

Rec'd JUL 20 1961 No. 27121

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 \_\_\_\_\_

(over)