

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

WEL 6

See Instructions on Reverse Side

RECEIVED

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

2. Location Lot number 6 Sec 9, T8N, R4W  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Bernard Crowley  
Name of individual, partnership or firm

4. Mail Address Steuben, Wis.  
Complete address required

5. From well to nearest: Building 5 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	95			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Standard wt	0	88

9. GROUT:

Kind	From (ft.)	To (ft.)
<u>none</u>		

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 20 GPM.

Depth from surface to water-level: 60 ft.

Water-level when pumping: 65 ft.

Water sample was sent to the state laboratory at:

Madison on Oct. 9 1962  
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>black top soil</u>	<u>0</u>	<u>5</u>
<u>loose sand</u>	<u>5</u>	<u>65</u>
<u>sandstone</u>	<u>65</u>	<u>95</u>

Construction of the well was completed on:

Aug. 23 1962

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 Coplan  
Registered Well Driller

R3 Box 36 Rosobel,  
Complete Mail Address Wis.

Please do not write in space below

Rec'd OCT 10 1962 No. 38834

Ans'd \_\_\_\_\_

Interpretation **SAFE—BACTERIOLOGICALLY**

Gas—24 hrs. \_\_\_\_\_

48 hrs. \_\_\_\_\_

Confirm \_\_\_\_\_

B. Coli \_\_\_\_\_

Examiner \_\_\_\_\_