

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

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

2. Location Steuben Sec 9, T20N, R4W  
Name of street and number of premise or Section, Town and Range numbers

3. Owner  or Agent  Lyall Bell  
Name of individual, partnership or firm

4. Mail Address Steuben, Wisconsin  
Complete address required

5. From well to nearest: Building 6 ft; sewer 0 ft; drain 0 ft; septic tank 0 ft;  
dry well or filter bed 0 ft; abandoned well 3 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.)
6"	standard	0	50

9. GROUT:

Kind	From (ft.)	To (ft.)
NONE		

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 8 GPM.  
Depth from surface to water-level: 30 ft.  
Water-level when pumping: 30 ft.  
Water sample was sent to the state laboratory at:  
Madison on Apr 23 1958  
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
clay	0	9
loose sand	9	40
shale stone	40	65

RECEIVED  
MAY 2 1958  
ENVIRONMENTAL  
SANITATION

Construction of the well was completed on:  
March 13 1958

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 R 3 Box 36 Decorah, Wis.  
Registered Well Driller Complete Mail Address

Please do not write in space below

Rec'd APR 24 1958 No. 10100

Ans'd \_\_\_\_\_  
Interpretation UNSAFE

	10 ml	10 ml	10 ml	10 ml	10 ml
Gas—24 hrs.	+				
48 hrs.	+				
Confirm	+				

B. Coli 5/5  
Examiner \_\_\_\_\_