

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

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

2. Location Steuben Sec 9 T8 N8 R12
Name of street and number of premise or section, Town and Range numbers

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

4. Mail Address Steuben, Wis.
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 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.)
6"	standard	0	49

9. GROUT:

Kind	From (ft.)	To (ft.)
none		

11. MISCELLANEOUS DATA:

Yield test: 8 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:
April 23 on 1955
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:

17th of Mar. 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 Senneth Copian
Registered Well Driller

R. 3 Box 36, Boscobel Wis.
Complete Mail Address

Please do not write in space below

Rec'd APR 24 1958 10:04

Ans'd UNSAFE
Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. +

48 hrs. 0

Confirm + + + +

B. Coli 4/5

Examiner