

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

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

2. Location Steuben, Wisconsin Sec 9T8N, 4W
 Name of street and number of premise or Section, Town and Range number

3. Owner or Agent Vern Campbell REG
 Name of individual, partnership or firm DEC 7 1955

4. Mail Address Steuben, Wisconsin
 Complete address required

5. From well to nearest: Building 15 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	85			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	black standard wt.		

9. GROUT:

Kind	From (ft.)	To (ft.)
sandy formation	0	65

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.
 Depth from surface to water-level: _____ ft.
 Water-level when pumping: _____ ft.
 Water sample was sent to the state laboratory at:
Madison on Nov. 29 1955
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
loose sand	0	65
shale stone	65	85

Construction of the well was completed on:
November 29 1955

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
 Registered Well Driller

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

Please do not write in space below

Rec'd NOV 30 1955 No. 40014

Ans'd _____
 Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. 0

Confirm _____

B. Coli 0/5

Examiner _____