

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Village Steuben, Wis. City Check one and give name
2. Location Steuben, Wisconsin Sec 9, T8N, 4W
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent John Havens
Name of individual, partnership or firm
4. Mail Address Steuben, Wis.
Complete address required
5. From well to nearest: Building 12 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: residence

RECEIVED
OCT 14 1955
ENVIRONMENTAL
SANITATION

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40	6	40	90

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard wt	0	40

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	40

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
red clay	0	15
limestone	15	40
sandstone	40	70
shalestone	70	90

11. MISCELLANEOUS DATA:

Yield test: _____ Hrs. at _____ GPM.

Depth from surface to water-level: 70 ft.

Water-level when pumping: _____ ft.

Water sample was sent to the state laboratory at:
Madison on Oct. 3 1955
City

Construction of the well was completed on:

May 2 1955

The well is terminated 6 inches above, below ~~the~~ the permanent ground surface.

Was the well disinfected upon completion?
Yes No _____

Was the well sealed watertight upon completion?
Yes No _____

Signature John Havens Registered Well Driller Steuben, Wis. Complete Mail Address Steuben, Wis.
do not write in space below

Rec'd _____ No. **34100**

Ans'd _____

Interpretation **UNSAFE**

10 ml 10 ml 10 ml 10 ml 10 ml out

Gas—24 hrs. _____

48 hrs. 0 + + 0 +

Confirm _____

B. Coli 2/5

Examiner _____