

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

Wsl 6

1. County Crawford Town  Village  Stauben City  Check one and give name
2. Location Lot A Block D Sec 9, T8N, R4W  
Name of street and number of premise or Section, Town and Range numbers
3. Owner  or Agent  Mrs. Ivan Byers  
Name of individual, partnership or firm
4. Mail Address Stauben, Wis.  
Complete address required
5. From well to nearest: Building 6 ft; sewer 35 ft; drain 35 ft; septic tank 55 ft;  
dry well or filter bed 85 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.)
10"	0	41	6"	41	65

**8. CASING AND LINER PIPE OR CURBING:**

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	Standard wt.	0	41

**9. GROUT:**

Kind	From (ft.)	To (ft.)
Clay	0	30
Cement	30	41

**11. MISCELLANEOUS DATA:**

Yield test: 5 Hrs. at 8 GPM.  
 Depth from surface to water-level: 45 ft.  
 Water-level when pumping: 45 ft.  
 Water sample was sent to the state laboratory at:  
Madison on 5-15 1962  
City

**10. FORMATIONS:**

Kind	From (ft.)	To (ft.)
black dirt	0	12
Clay & stone	12	30
shalestone	30	65

**RECEIVED**

MAY 22 1962

SANITARY  
ENGINEERING

Construction of the well was completed on:

April 4 1962

The well is terminated 10 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 91 mmth Copian  
Registered Well Driller

R3, Box 36, Boscobel Wis.  
Complete Mail Address

Please do not write in space below

Rec'd MAY 16 1962 No. 14896

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

Interpretation SAFE—BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_

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

Confirm \_\_\_\_\_

B. Coli 0

Examiner \_\_\_\_\_