

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, Wis. NW Sec 9, T8NR4W
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Mr. Noel Daugherty
 Name of individual, partnership or firm

4. Mail Address Steuben, Wis.
 Complete address required

5. From well to nearest: Building 8 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	88			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6"	standard wt.	0	76

9. GROUT:

Kind	From (ft.)	To (ft.)
<u>none</u>		

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 15 GPM.
 Depth from surface to water-level: 40 ft.
 Water-level when pumping: 40 ft.
 Water sample was sent to the state laboratory at:
Madison on Mar. 3 1959
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>Clay</u>	<u>0</u>	<u>10</u>
<u>loose sand</u>	<u>10</u>	<u>63</u>
<u>shale</u>	<u>63</u>	<u>80</u>

RECEIVED

MAR 10 1959

**ENVIRONMENTAL
SANITATION**

Construction of the well was completed on:
October 20 1958

The well is terminated 12 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 Cozian Registered Well Driller R. 3 Box 36, Boscobel, Wis. Complete Mail Address
 Please do not write in space below

Rec'd MAR 4 1959 No. 4591

Interpretation **SAFE**

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli 0
 Examiner _____