WELL RECORD

PWTS Well No. _____ **079394** County Permit No. _____

atural Resources – Geological Survey
wa City, IA 52242-1319 PH (319) 335-1575

Identification

Owner TERRY WATER ASSOC. Other ID _____

ess WALFORD

nant _____

Well Depth 400 ft Date completed 6/5/14

Location

County BENTON

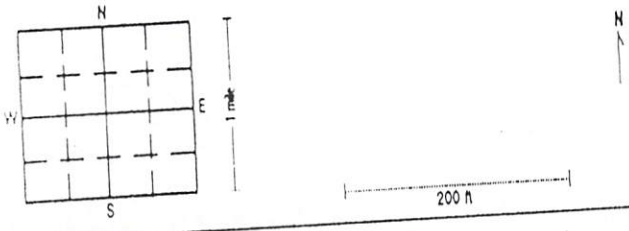
____ mi. N/S and ____ mi. E/W of intersection of _____ and _____

NE 1/4 of the NE 1/4 of the ____ 1/4 of Sec 36 TWP 82N RNG 9W E/W

GPS Coordinates (NAD83 datum only) decimal degrees:

82 N. Latitude 9 W. Longitude.

Show exact location of well in section grid with a dot (•). Sketch map of well location on property.



☐ upland ☐ hillside ☐ valley ☒ level surface Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
0	5	BLACK		DIRT
5	15	BRN		CLAY
15	45	GRAY		CLAY
45	100	GRAY		CLAY – SAND MIX
100	160	GRAY		CLAY – GRAVEL MIX
160	195	GRAY		LIMESTONE
195	200	BRWN		LIMESTONE
200	215	GRAY		
215	220	BRW		
220	245	GRAY		
245	255	TAN		
255	260	GRAY/BRW		
260	280	GRAY		
280	285	TAN BRWN		
285	295	TAN		
295	325	LT GRAY		
325	330	LT GRAY/GREEN		
330	400	LT GRAY		

use additional sheets as needed

Remarks (including depth of lost drilling fluids, materials, or tools)

RECEIVED
DEC 30 2014
By

Well use

☐ Domestic ☐ Livestock ☐ Test well ☐ Heat pump ☐ Municipal ☒ Public supply ☐ Irrigation ☐ Commercial ☐ Monitoring ☐ Other _____

Drill method

☒ rotary ☐ auger ☐ cable other _____

Hole size

12 inch from 0 ft to 200 ft

5 7/8 inch from 200 ft to 400 ft

hole size continued

____ inch from ____ ft to ____ ft

____ inch from ____ ft to ____ ft

Record all depth measurements from ground level (GL). Use (+) for above GL measurements.

Casing

Size (ID/OD)	Type / Wt (Drive shoe (yes/no))	Depth top (Pitless adapter (yes/no))	Depth bottom	Amount (length)
6 1/4"	~~SDR~~ 6.9	+2	200'	202'

Perforated or slotted casing? (yes / no)

Perforated / slotted from _____ ft to _____ ft

Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes / no)

Placement method HALIBURTON

Type	Depth top	Depth bottom	Amount (vol/wt)
QUIK GROUT	6	200	12 BAGS

Well screen? (yes / no)

Diameter	Slot size	Depth top	Depth bottom	Length	Material
	0.___				
	0.___				

Bottom capped (yes / no) with _____

Seals / Packers (yes / no) kind 6 1/4" SHALE depth 200' ft

Gravel packed (yes / no) from _____ ft to _____ ft

type _____ amount _____

Well developed? (yes / no)

Explain AIR LIFTED FOR 2 HOURS @ 100 GPM

(pumped, airlifted, bailed) for _____ hrs at _____ GPM

Pump installed? (yes / no)

Date ____/____/____

Installer's name _____

Type of pump _____ Depth to intake _____ ft

Pump diameter _____ Rated capacity _____ GPM

Water information

Aquifer: ☐ sand / gravel ☒ limestone ☐ sandstone

Main water-supply zone from 360 ft to 380 ft ☐ seepage well

Static water level 93 ft (below / above) GL; ☐ tape ☐ airline ☐ E-line ☐ estimate

Pumping water level _____ ft below GL; ☐ tape ☐ airline ☐ E-line ☐ estimate

At yield of _____ GPM; ☐ orifice ☐ volumetric ☐ estimate for _____ hours

Measurements taken at ____:____ (AM / PM) Date ____/____/____

Water quality test? (yes / no)

Date tested ____/____/____

Tested by _____

Contractor GREINER WELL.

Address _____

Driller JAKE GAFFNEY Certification no. 10108

Send original form to: Iowa Department of Natural Resources – Geological Survey

Make photocopies for: Well Contractor, Customer, and County Health Department