1 OF 2

Iowa Department of Natural Resources Geological Survey Bureau
109 Trowbridge Hall, Iowa City, IA 52242-1319 PH (319) 335-1575

WELL RECORD

WELL #2 WORTH

Permit No. 64061

Site identification

Property Owner CITY OF JOICE Well Number _____
Address LAKE ST JOICE IA
Tenant SAME
Well Depth 300 ft Date completed 5 / 8 / 07

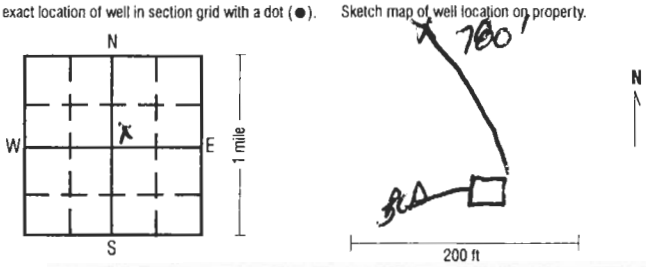
Location

County WORTH

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

SW 1/4 of the SW 1/4 of the NE 1/4 of Sec _____ TWP _____ RNG _____ E/W

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



X upland ☐ hillside ☐ valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
0	1	BLK	SOFT	TOPSOIL
1	11	BRN	"	SANDY CLAY
11	53	GRY	"	" WITH SAND STRINGERS
53	68	MULT	MED	SAND & GRAVEL LT WITH LAYERS
68	78	GRY	SOFT	SANDY CLAY
78	83	BRN	"	"
83	93	GRY	"	"
93	95	DK GRY	"	CLAY
95	98	BLE	MED	CLAY & SHALE
98	114	BRN	MED	LIMESTONE
114	152	BRN	HARD	"
152	163	BRN GRY	"	"
163	188	LT BRN LT GRY	"	"
188	207	BRN GRY	"	"
207	210	GRY	"	"
210	223	BRN GRY	"	"
223	227	BRN	"	"

use additional sheets as needed

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

Well use

☐ Domestic ☒ Municipal ☐ Commercial
☐ Livestock ☐ Public supply ☐ Monitoring
☐ Test well ☐ Irrigation ☐ Other _____ (explain)

Drill method

☒ rotary ☐ auger ☐ cable other _____

Hole size

12 1/4 inch from 0 ft to 123 ft
7 7/8 inch from 128 ft to 300 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

Drive shoe (yes / no) Pitless adapter (yes / no)

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)
8"	.322 WALL PVC STEEL	+2	123	125

Perforated or slotted casing? (yes / no)

Perforated / slotted from _____ ft to _____ ft
Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes / no) Placement method TREMIE

Type	Depth Top	Depth bottom	Amount (vol/wt)
NEAT CEMENT	0	123	100 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 _____ depth _____ ft
Gravel packed (yes / no) from _____ ft to _____ ft
type _____ amount _____

Well developed? (yes / no)

Explain _____
(pumped, airlifted, bailed) for 10 hrs at 170 GPM.

Pump installed? (yes / no) Date ___ / ___ / ___

Installer's name MORTS WATER CO
Type of pump _____ Depth to intake _____ ft
Pump diameter _____ Rated capacity _____ GPM

Water information

Aquifer: ☐ sand / gravel ☒ limestone ☐ sandstone
Main water-supply zone from 136 - 144 ft to 280 - 288 ft ☐ seepage well
Static water level 15 ft (below / above) GL; ☒ tape ☐ airline ☐ E-line ☐ estimate
Pumping water level 100 ft below GL; ☐ tape ☐ airline ☐ E-line ☒ estimate
At yield of 170 GPM; ☐ orifice ☐ volumetric ☒ estimate
Measurements taken at 1 : ___ (AM / PM) Date 5 / 8 / 07

Water quality test? (yes / no) Date tested ___ / ___ / ___

Tested by _____

MORT'S WELL CO.
BOX 715
LATIMER IA 50452

Contractor _____
Address _____
Driller _____ Certification no. 1887

white copy – **Iowa DNR, Geological Survey Bureau** blue copy – **Well Contractor** pink copy – **Customer** yellow copy – **County Health Officer**

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WELL RECORD

WELL #2 NORTH

64061

Permit No. _____

Iowa Department of Natural Resources Geological Survey Bureau
109 Trowbridge Hall, Iowa City, IA 52242-1319 PH (319) 335-1575

Site identification

Property Owner CITY OF JOICE Well Number _____

Address _____

Tenant _____

Well Depth 300 ft Date completed 5 / 8 / 07

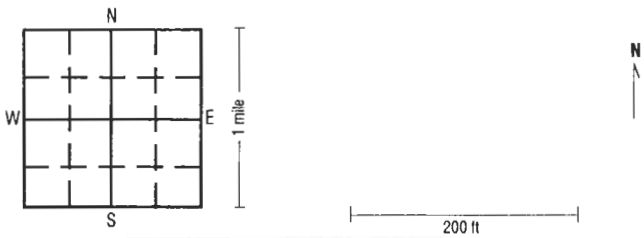
Location

County _____

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

_____ 1/4 of the _____ 1/4 of the _____ 1/4 of Sec _____ TWP _____ RNG _____ E/W

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



☐ upland ☐ hillside ☐ valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
227	278	BRN GRY	HARD	LIMESTONE
278	280	LT BRN	"	"
280	297	BRN GRY	"	"
297	300	GRY	"	"

use additional sheets as needed

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

Well use

☐ Domestic ☐ Municipal ☐ Commercial
☐ Livestock ☐ Public supply ☐ Monitoring
☐ Test well ☐ Irrigation ☐ Other _____ (explain)

Drill method

☐ rotary ☐ auger ☐ cable other _____

Hole size

_____ inch from 0 ft to _____ ft

_____ inch from _____ ft to _____ 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

Drive shoe (yes / no) Pitless adapter (yes / no)

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)

Perforated or slotted casing? (yes / no)

Perforated / slotted from _____ ft to _____ ft

Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes / no)

Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)

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 _____ depth _____ ft

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

type _____ amount _____

Well developed? (yes / no)

Explain _____

(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 _____ ft to _____ ft ☐ seepage well

Static water level _____ 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

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

Water quality test? (yes / no)

Date tested ____ / ____ / ____

Tested by _____

Contractor _____

Address _____

Driller _____ Certification no. _____

white copy – **Iowa DNR, Geological Survey Bureau** blue copy – **Well Contractor** pink copy – **Customer** yellow copy – **County Health Officer**