80377 07-10-09 08:16 Pg: 1

WELL RECORD

Permit No. _____

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

Site identification

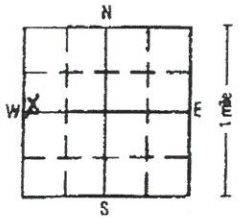
Property Owner CHURCH OF JESUS CHRIST LDS Well Number _____
Address 3263 FRASER ST AURORA CO.
Tenant SAME
Well Depth 500 ft Date completed 5/2/09

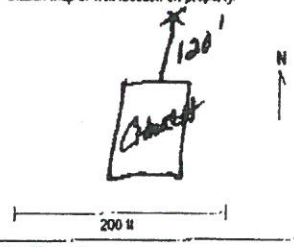
Location

County FRANKLIN

1/8 mi (N/S) and _____ mi (E/W) of intersection of 155th and OLIVE
SW 1/4 of the SW 1/4 of the NW 1/4 of Sec 28 TWP 92 RNG 20 (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
0	18	BRN	SOFT	SANDY CLAY
18	35	BRN/GRY	"	"
35	46	BRN	HARD	LIMESTONE
46	53	LT GRY	HARD	CLAY
53	118	BRN/GRY	HARD	LIMESTONE
118	320	BRN/BRN	HARD	SHALE CLAY LIMESTONE STRINGERS
320	362	BRN	HARD	LIMESTONE
362	408	BRN/GRY	"	"
408	462	BRN	"	"
462	500	BRN/GRY	"	"

RECEIVED
SEP 01 2015
By _____

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 36 ft
10 inch from 36 ft to 350 ft

hole size continued
6 inch from 350 ft to 500 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 (in OD)	Type / Wt	Depth top	Depth bottom	Amount (length)
6"	SDR 17	+2	350	352

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)
PORTLAND	0	350	4.75 YDS

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 2 hrs at 40 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 355-360 ft to 460-500 ft ☐ seepage well
Static water level 158 ft (below / above) GL: ☒ tape ☐ airline ☐ E-line ☐ estimate
Pumping water level 240 ft below GL: ☐ tape ☐ airline ☐ E-line ☒ estimate
At yield of 40 GPM: ☐ orifice ☐ volumetric ☒ estimate
Measurements taken at 1:_____ (AM / PM) Date 5/2/09

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

Tested by MORTS WATER

Contractor MORTS WELL CO
Address PO 127 COULTER IA
Driller John C Certification no. 1887

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

WELL PUMP STATS

OWNER	LATTER DAY SAINTS MEETING	**ADDRESS**	WELL STATS @ 1465 OLIVE AVE,
TENANT		**WELL ADDRESS**	HAMPTON

1. PUMP

TYPE:	SUBMERSIBLE	**INSTALL DATE:**	5-9-09
MAKE:	GOULDS	**MODEL:**	40GS50
HP:	5 HP	**PHASE:**	3 - 220V

2. PRESSURE TANK

MAKE/MODEL:	302 BARON	**INSTALL DATE:**	10-2-09
TYPE:	BLADDER	**PSI SETTING:**	

3. PUMP PIPE & WIRE

PIPE MATERIAL:	SCH 80	**SIZE:**	2
DEPTH:	260	**WIRE SIZE:**	10/3SUB & #8

4. SYSTEM TYPE

PITLESS:	PS6X7 KW	**WELL PIT:**	
WELL HOUSE:		**BURIED:**	

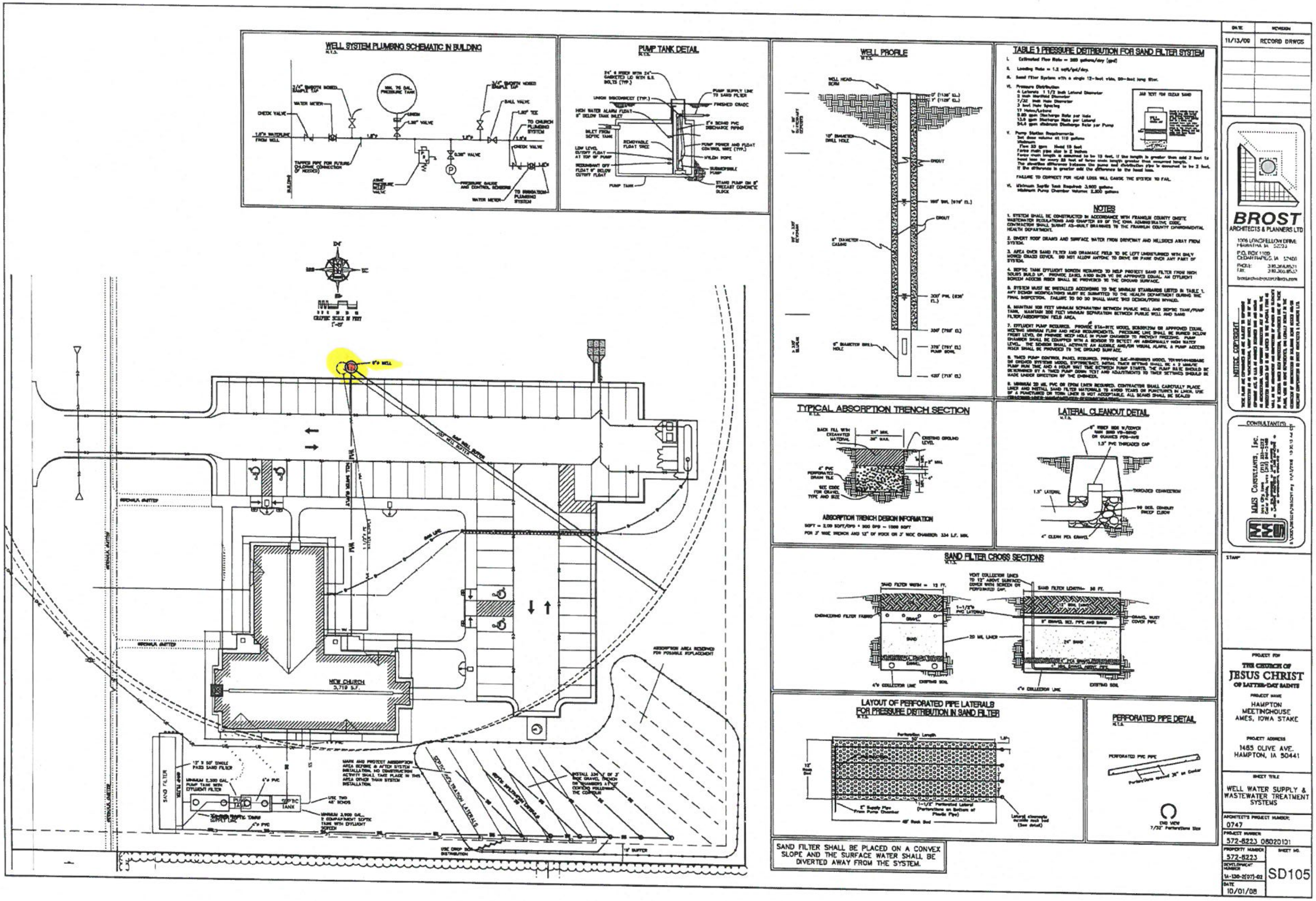
5. WELL

TYPE:	SDR17 PVC	**DATE DRILLED:**	5-2-09 MORTS WELL
CASING SIZE:	6"	**DEPTH:**	500
STATIC WTR LEVEL:	158	**PUMP WTR LEVEL:**	240
LINER SIZE:		**GPM:**	40
LINER TYPE:			

WELL SERVICE TECH:

OTHER EQUIPMENT: **FR SUB-300 SUB DRIVE PUMP CONTROL S/N5870206300**

COMMENTS:


WELL SYSTEM PLUMBING SCHEMATIC IN BUILDING
PUMP TANK DETAIL
WELL PROFILE
TABLE 1 PRESSURE DISTRIBUTION FOR SAND FILTER SYSTEM
FAILURE TO CORRECT FOR HEAD LOSS WILL CAUSE THE SYSTEM TO FAIL.
NOTES
1. SYSTEM SHALL BE CONSTRUCTED IN ACCORDANCE WITH FRANKLIN COUNTY ONSITE WASTEWATER REGULATIONS AND CHAPTER 69 OF THE IOWA ADMINISTRATIVE CODE. CONTRACTOR SHALL SUBMIT AS-BUILT DRAWINGS TO THE FRANKLIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT.
2. DIVERT ROOF DRAINS AND SURFACE WATER FROM DRIVEWAY AND HILLSIDES AWAY FROM SYSTEM.
3. AREA OVER SAND FILTER AND DRAINAGE FIELD TO BE LEFT UNDISTURBED WITH ONLY MOWED GRASS COVER. DO NOT ALLOW ANYONE TO DRIVE OR PARK OVER ANY PART OF SYSTEM.
TYPICAL ABSORPTION TRENCH SECTION
ABSORPTION TRENCH DESIGN INFORMATION
LATERAL CLEANOUT DETAIL
1.5" PVC THREADED CAP
SAND FILTER CROSS SECTIONS
LAYOUT OF PERFORATED PIPE LATERALS FOR PRESSURE DISTRIBUTION IN SAND FILTER
PERFORATED PIPE DETAIL
NEW CHURCH
5,719 S.F.
SAND FILTER
SEPTIC TANK
SAND FILTER SHALL BE PLACED ON A CONVEX SLOPE AND THE SURFACE WATER SHALL BE DIVERTED AWAY FROM THE SYSTEM.
11/13/09
RECORD DRWGS
BROST
ARCHITECTS & PLANNERS LTD
NOTICE: COPYRIGHT
CONSULTANT(S)
PROJECT FOR
THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS
PROJECT NAME
HAMPTON
MEETINGHOUSE
AMES, IOWA STAKE
PROJECT ADDRESS
1465 OLIVE AVE.
HAMPTON, IA 50441
SHEET TITLE
WELL WATER SUPPLY & WASTEWATER TREATMENT SYSTEMS
ARCHITECT'S PROJECT NUMBER:
0747
PROJECT NUMBER
572-8223 08020101
PROPERTY NUMBER
572-8223
DEVELOPMENT NUMBER
IA-130-2(07)-02
DATE
10/01/08
SHEET NO.
SD105