IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH ENGINEERING AND INDUSTRIAL HYGIENE

GROUND WATER

Town Newhall County Benton Date Aug. 8 19 41

WELL NO. 1 Active Yes Standby Abandoned Replaced by No.

LOCATION: Street Fifth Ave. Sec. T N.R. East: West

Lot 1 Block 1 Township Eldorado

OWNERSHIP Municipal Date Installed Winter 19 39

CONTRACTOR Chas. Nolan Address Cedar Rapids.

DATE RECONDITIONED 19 Contractor Address

CONSTRUCTION EMPLOYED:

CURB ELEVATION REFERENCE

TYPE OF CONSTRUCTION Drilled Depth 470 ft. Diameter 10 in.

CASING: Material S & D Casing Condition New

SCREEN: Material Length ft. Diameter in. Slot Opening in.

WELL SEALED Yes How Joint at base of pump Approved Yes

WELL VENTED Yes How 1½" with reverse check down turned 3' Approved Yes

TYPE OF PUMP Turbine Make ~~sterling~~ F.M. (as of Jan. 51) Capacity 60 GPM Lubricated ~~Oil~~ H2O

DEPTH TO CYLINDER 140 ± 5 ft. Tail Pipe 8 ft.

PUMP CONTROL: Manual Yes Automatic Semi-Automatic

STATIC LEVEL 96 ft. Pumping Level 120 ft. Drawdown 14 ft.

OPTIMUM SPECIFIC YIELD 50 GPM Drawdown 21 ft. Time 36 hrs.

RATE OF DRAWDOWN slow Rate of Recovery slow

TEMPERATURE OF WATER 50F Where Measured 20' from pump Temp. of Atmosphere 90 °F

DRAWDOWN GAUGE INSTALLED Yes

TOPOGRAPHICAL POSITION OF WELL Upland

WELL SITE INVESTIGATED Approved Why not

WELL CONSTRUCTION REVIEWED Approved Why not

PIT CONSTRUCTION: Purpose None Size and Description

CONDITION: Drainage Facilities

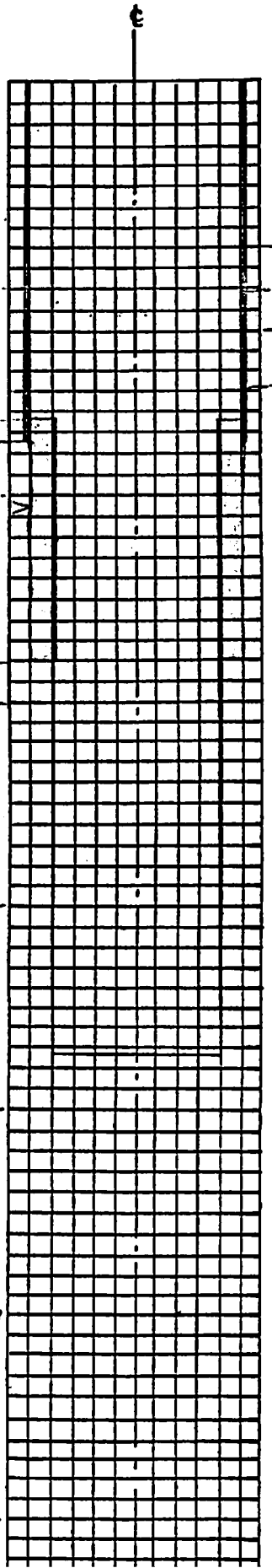
PUMP INSTALLATION: Approved Yes Why Not

CUTTINGS FROM WELL PRESERVED: Yes Where I.C.S.

DEPTH TO BED ROCK 260 Depth to Water-bearing Stratum

SOURCE OF WATER: Principal Formation Other

GEOLOGICAL DATA			CASING DATA	WELL DATA	
Formation	Material and distance from surface in ft.	Series	Position, kind and extent of casing, liners, shoes, etc.	Scale: Horizontal 1" = 1" Vertical 1" = 10'	Position of seals, screens, static level, etc.
	0		174' of 10" std. casing		
	Drift				
	65 sand				
	70 Drift				
	103 sand &				
	125 Drift				
	Drift				
	168				
	185 limestone				
	Limestone & shale		116' of std. 8" casing		
	260				
	Limestone				
	423				
			36 hour test Feb 15, 1940 static level 80' Drawdown 21' @ 50 gpm.		

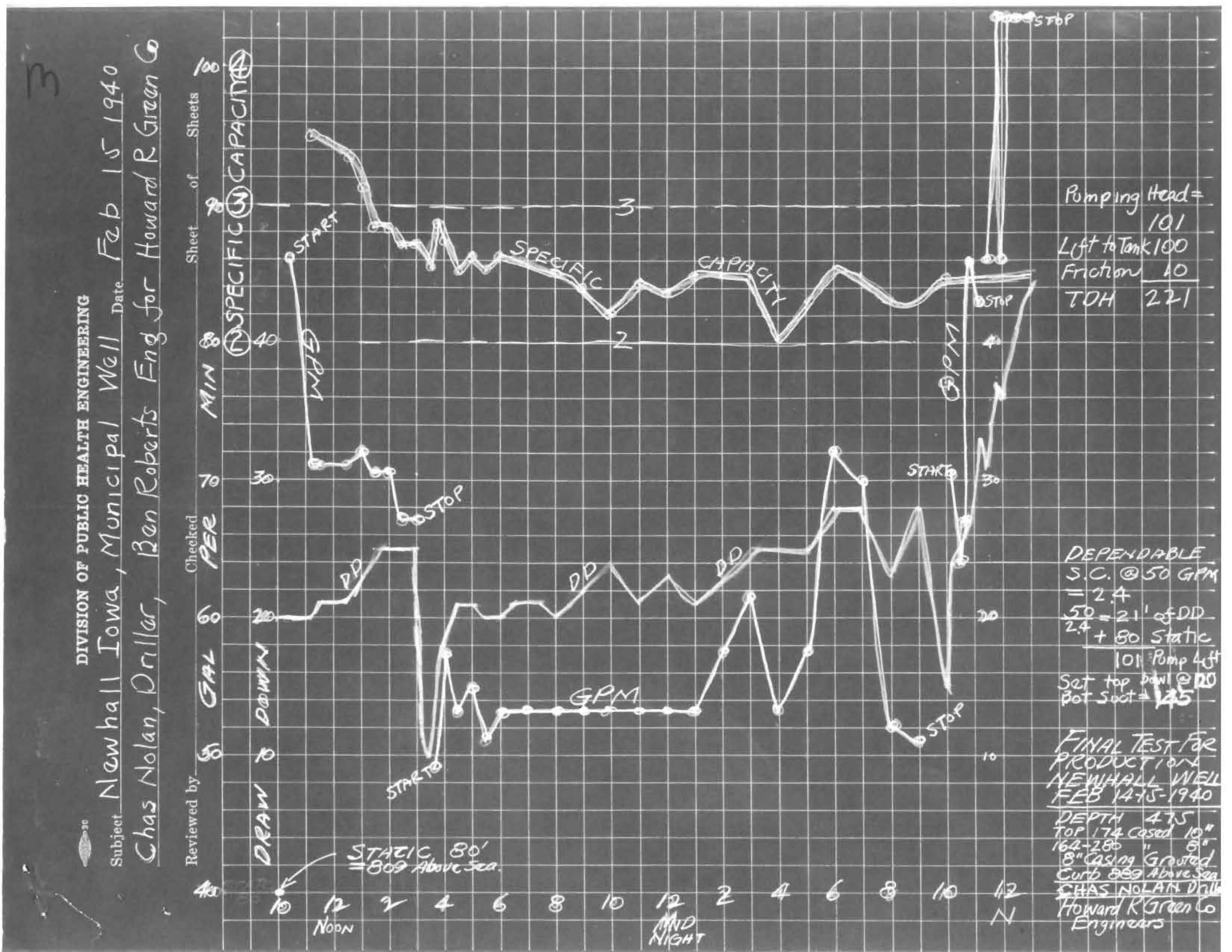


DIVISION OF PUBLIC HEALTH ENGINEERING

Subject Newhall Iowa, Municipal Well Date Feb 15 1940

Chas Nolan, Driller, Ban Roberts Eng for Howard R Green Co

Reviewed by Checked PER Sheet of Sheets



Pumping Head =
101
Lift to Tank 100
Friction 10
TDH 221

DEPENDABLE
S.C. @ 50 GPM
= 2.4
$\frac{50}{2.4}$ = 21' of DD
+ 80 Static
101 Pump Lift
Set top pump @ 80
Bot Sect = 125

FINAL TEST FOR
PRODUCTION
NEWHALL WELL
FEB 14-15-1940

DEPTH 475
Top 174 Cased 10"
164-285 " 8"
8" Casing Grouted
Curb 869 Above Sea
CHAS NOLAN Drlr
Howard R Green Co
Engineers

Iowa Department of Natural Resources 001126

Abandoned Water Well
Plugging Record

1. Owner: PWTS Well Number:

Name: Water Department City: Newhall State: Iowa

Address: 220 1st Street Zip: 52315 Phone: (319)223-5709

If this was a Public Water Supply Well, please provide:

PWSID Name: Newhall #1 PWSID Number:

2. Well (Cistern) Location: Geosam #1126

SW 1/4 of, SE 1/4 of, NW 1/4 of, Section 13, Twp. 83 N, Range 10 (West) East (circle one)

Benton County, Describe well location on property: Inside Water Plant

GPS Well Location: Latitude Longitude

3. Description: Original construction was 10 x 8" casing to 250'

Well depth: 469 ft. Casing material: (steel,) plastic, concrete, clay, brick, stone (circle one)

Depth to water: 177 ft.

Recased – Casing diameter: 6 in. Type of construction: (drilled,) driven, bored, dug, augered

Year or decade constructed: 1943 (circle one)

Depth of casing: ft. Check ☐ if this is a Monitoring Well Well ID

Check ☐ if Cistern depth: ft. diameter: ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: J Mutter Mayor Date Plugged: August 2013

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: _____ Cert. No. 7173

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Private Wells Only - Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

IDNR FORM (REV 5/08) 542-1226

RECEIVED
OCT 21 2013
By