55159

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

WELL RECORD

Permit No. _____

Site Identification

Property Owner Gateway Development Well Number 1
Address Gateway 1927 Keokuk St
Town Iowa City IA 52240
Well Depth 460 ft Date completed 11/15/98 11/16/98

Location

County Johnson

____ pt. N/S and ____ pt. E/W of intersection of _____ and _____
____ 1/4 of the ____ 1/4 of the ____ 1/4 of Sec 5 TWP 79N RNG 5 E/W

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

N
W E
S
1 mile
N
200 ft

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

Formation log

From	To	Color	Hardness	Formation description
0	30	Red		clay
30	70	gray		clay
70	77	Buff		sand & gravel
77	130	Gray		clay & sand mix
130	134	Gray		Clay
134	245	LT Gray		Limestone
245	256			Broken Limestone
256	305			Broken Limestone, Shale
305	450	Tan		Limestone
450	462	Gray	Hd	Limestone
462		Blue		Shale

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

13 inch from 0 ft to 246 ft
7 inch from 246 ft to 460 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) Fillup stopper (yes/no)

Size (ID/OD)	Type/Wt	Depth top	Depth bottom	Amount (length)
9" 10"	.322	+2 GL	246	247'
7" OD		237	460	223'

Perforated or slotted casing? (yes/no)

Perforated/slotted from 207 ft to 440 ft
Perforated/slotted from _____ ft to _____ ft

Casing grouted? (yes/no)

Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)
Cement	0-246	246	6 yd

Well screen? (yes/no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material
	0.___	207	440		
	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)

Depth Open Hole
(pumped, airlifted, bailed) for 25 hrs at 90 GPM.

Pump installed? (yes/no)

Date ____/____/____
Installer's name Nicholson Well
Type of pump Turbine Depth to intake _____ ft
Pump diameter _____ Rated capacity _____ GPM

Water information

Aquifer: ☐ sand/gravel ☑ limestone ☐ sandstone
Main water-supply zone from 260 ft to 450 ft ☐ seepage well
Static water level 125 ft (below/above) GL: ☐ tape ☐ airline ☐ E-line ☐ estimate
Pumping water level 230 ft below GL: ☐ tape ☐ airline ☐ E-line ☐ estimate
At yield of 90 GPM: ☐ orifice ☐ volumetric ☐ estimate
Measurements taken at ____:____ (AM/PM) Date ____/____/____

Water quality test? (yes/no)

Date tested ____/____/____
Tested by _____

Contractor

Contractor Frese Well Drilling
Address 103 Dry Creek Park IA
Driller Rick Frese Certification no. 4015

white copy – Iowa DNR, Geological Survey Bureau blue copy – Well Contractor pink copy – Customer yellow copy – County Health Officer
2976m-00

04/23/98 04:33 FAX 3193393241 KAREN MARIE JUEL 002

55159

Iowa Department of Natural Resources

Abandoned Water Well
Plugging Record

1. Owner:

Name: Gateway Development City: IA City State: IA
Address: Gateway 1927 Keokuk ST Zip: 52240 Phone: (319) 351 2121

2. Well (Cistern) Location: PWSID#: _____

SW 1/4 of, SE 1/4 of, ___ 1/4 of, Section 5, Twp. 79 N, Range 5 West/East(circle one)
Johnson County, Describe well location on property: Upland
North of North East of Steel Building, 50'

3. Description:

Well depth:	235 ft	Casing material: (steel) plastic, concrete, clay, brick, stone (circle one)	
Depth to water:	125 ft		
Casing diameter:	8 in	Type of construction: (drilled) driven, bored, dug, augered (circle one)	
Yr. or decade constrd.:	1999		
Depth of casing:	105 ft	Check ☐ if this is a Monitoring Well	Well I.D.: 40153

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: _____ Date Plugged: 3/20/99

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: Rick Jaeve Cert. No. 40153

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 (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
Department of Natural Resources
502 East 9th Street
Des Moines, IA 50319-0034

DNR FORM (REV 10/98) 542-1226

Northway Well and Pump Co.

4895 8th Avenue
Marion, Iowa 52302

55159

FOR Gateway Well LOCATED AT Iowa City

DATE	TIME	PUMP SETTING	STATIC WATER LEVEL	PUMPING LEVEL	GALLONS PER MIN.	TEMP. DISCHARGE DESCRIPTION	SAND P.P.M. VOLUME
4-8-99			122'				
AM	6:30			207'	135		
	6:35			250'	135		
	6:37			250'	105		
	6:39			248'	100		
	6:41			247'	90		
	6:45			247'	90		
	6:50			247'	90		
	7:00			248'	90		
	7:15			246'	90		
	7:30			246'	90		
	7:45			247'	90		
	8:00			247'	90		
	8:15			247'	90		
	8:30			247'	90		
	8:45			247'	90		
	9:00			247'	90		
	9:15			247'	90		
	9:30			247'	90		
	9:45			247'	90		

Phone 319-377-6339 1-800-747-6339 FAX 319-377-8148

Northway Well and Pump Co.

4895 8th Avenue
Marion, Iowa 52302

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FOR Gateway Well LOCATED AT Iowa City

DATE	TIME	PUMP SETTING	STATIC WATER LEVEL	PUMPING LEVEL	GALLONS PER MIN.	TEMP. DISCHARGE DESCRIPTION	SAND P.P.M. VOLUME
4-8-99	10:00			247'	90		
	10:30			247'	90		
	11:00			247'	90		
	11:30			247'	90		
PM	12:00			248'	90		
	12:30			249'	90		
	1:00			249'	90		
	1:30			249'	90		
	2:00	Gated Down		249'	90		
	2:05			222'	60		
	2:15			228'	70		
	2:30			236'	80		
	2:45			244'	80		
	3:00			243'	82		
	3:15			242'	82		
	3:30			242'	82		

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FOR Gateway Well LOCATED AT Iowa City

DATE	TIME	PUMP SETTING	STATIC WATER LEVEL	PUMPING LEVEL	GALLONS PER MIN.	TEMP. DISCHARGE DESCRIPTION	SAND P.P.M. VOLUME
4-8-99	3:40	Recovery					
	3:41		186'				
	3:42		153'				
	3:44		136'				
	3:45		134'				
	3:47		134'				
	3:50		133'				
	4:00		130'				
	4:15		128'				
	4:30		124'				

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Hygienic Laboratory

RECEIVED
APR 22 1999
NORTHWAY WELL & PUMP

The University of Iowa

Date of report: 04-21-1999

RANDY NORTHWAY
NORTHWAY WELL & PUMP CO
4895 8TH AVENUE

MARION IA 52302

Sample Number	9901708
Date Received	04-09-1999
Project	
Date Collected	04-08-1999 15:45
Collection Site	gateway
Collection Town	Iowa City
Description	water
Reference	
Collector	NORTHWAY BRENT
Phone	(319) 377-6339
Purchase Order	

COPY

Comments: *Nitrate/Nitrite exceeds 48 hour EPA holding time. Tests cancelled.*

Results of Analyses

Inorganic Chemistry

Analyte	Concentration	Method	Analyst/ Verifier	Date Analyzed
Nitrate + Nitrite as NO3	<1 mg/L	EPA 353.2	R/CWR	04-09-1999
Laboratory pH	7.3 pH Units	EPA 150.1	ML/DC	04-15-1999
Specific Conductance	790 umhos/cm	SM 2510B	SB/DC	04-14-1999
Total Alkalinity	390 mg/L as CaCO3	SM 2320B	ML/DC	04-15-1999
Total Hardness	360 mg/L as CaCO3	EPA 130.2	SB/DC	04-14-1999
Silica as SiO2	13 mg/L	EPA 370.1	DC/SGB	04-16-1999
Total Dissolved Solids	410 mg/L	EPA 160.1	JF/RS	04-15-1999
Comments	*Dried at 180 degrees C.*			

Inorganic Chemistry

Analyte	Concentration	Method	Analyst/ Verifier	Date Analyzed
Total Suspended Solids	<1 mg/L	USGS I-3765-85	JF/RS	04-15-1999
Comments	*Dried at 103 degrees C*			

Inorganic Chemistry

Analyte	Concentration	Method	Analyst/ Verifier	Date Analyzed
Total Calcium	95 mg/L	EPA 200.7	DC/SGB	04-15-1999
Total Magnesium	34 mg/L	EPA 200.7	DC/SGB	04-15-1999
Total Potassium	3.0 mg/L	EPA 200.7	DC/SGB	04-15-1999
Total Sodium	18 mg/L	EPA 200.7	DC/SGB	04-15-1999
Chloride	1.0 mg/L	EPA 325.3	ML/DC	04-15-1999
Fluoride	0.3 mg/L	EPA 340.2	JF/RS	04-15-1999
Sulfate	21 mg/L	EPA 300.0	LDA/SGB	04-14-1999
Total Antimony	<0.005 mg/L	SM 3113B	ML/DS	04-19-1999
Total Arsenic	<0.01 mg/L	SM 3113B	ML/SGB	04-15-1999
Total Barium	0.11 mg/L	EPA 200.7	DC/SGB	04-15-1999
Total Cadmium	<0.001 mg/L	SM 3113B	ML/DS	04-19-1999
Total Chromium	<0.01 mg/L	EPA 200.7	DC/SGB	04-15-1999

Mary J. R. Gilchrist, Ph.D.
Director

102 Oakdale Campus, #101 OH
Iowa City, Iowa 52242-5002
319/335-4500 Fax: 319/335-4555

http://www.uhl.uiowa.edu

H.A. Wallace Building
East Grand, Des Moines, Iowa 50319-0034
515/281-5371 Fax: 515/243-1349

Hygienic Laboratory

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The University of Iowa

Sample Number 9901708

Inorganic Chemistry

Analyte	Concentration	Method	Analyst/ Verifier	Date Analyzed
Total Copper	<0.01 mg/L	EPA 200.7	DC/SGB	04-15-1999
Total Iron	0.47 mg/L	EPA 200.7	DC/SGB	04-15-1999
Total Manganese	<0.02 mg/L	EPA 200.7	DC/SGB	04-15-1999
Total Mercury	<0.001 mg/L	EPA 245.1	LDA/DC	04-16-1999
Total Selenium	<0.01 mg/L	SM 3113B	ML/TB	04-16-1999
Total Thallium	<0.001 mg/L	EPA 279.2	ML/SGB	04-15-1999
Total Zinc	<0.02 mg/L	EPA 200.7	DC/SGB	04-15-1999

Description of units used within this report

mg/L - Milligrams per Liter
umhos/cm - Micromhos per Centimeter
pH Units - pH Units
mg/L as CaCO3 - Milligrams per Liter as Calcium Carbonate

Iowa Laboratory Certification No. 027. AIHA, ICR, NVLAP, USEPA and other credentials available upon request.

If you have any questions please call Sherri Marine at 800/421-IOWA (4692) or 319/335-4500. Thank you.

Mary J. R. Gilchrist, Ph.D.
Director

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Iowa City, Iowa 52242-5002
319/335-4500 Fax: 319/335-4555

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