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

WELL RECORD 56135

Permit No. _____

Site identification

Property Owner City of Andrew Well Number _____
Address Crawford Engineering
Tenant 205 Second Avenue, S.E. Independence
Well Depth 1200' ft Date completed 10/05/02

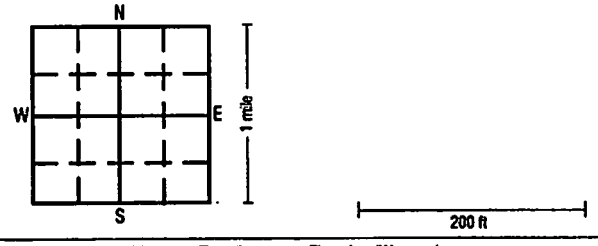
Location

County Jackson

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

_____ 1/4 of the _____ 1/4 of the _____ 1/4 of Sec 22 TWP 85 RNG 3 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'	37'	Brown		Topsoil, clay
37'	44'		Soft	Rock, Shale
44'	240'	Brown	Soft	Limerock
240'	270'	[illegible]		[illegible] Gray Rock
270'	450'	Blue		Shale
450'	480'	Brown		Shale
480'	702'	Brown		Light Rock
702'	722'	Gray		Rock
722'	779'	Brown		Dark Rock
779'	785'			Shale
785'	799'	Gray		Rock
799'	807'	Blue		Shale
807'	850'			Sandstone
850'	858'			Shale
858'	910'	Gray		Limerock
910'	940'	Brown		Light Rock
940'	948'	White		Sandstone

use additional sheets as needed

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

Well use

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

Drill method

☒ rotary ☐ auger ☐ cable other _____

Hole size

17½" inch from 0 ft to 102' ft
13" inch from 102' ft to 910' ft
7⅞" inch from 910' ft to 1200' 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)
14"	STS Steel	+1	102'	103'
8⅝"	B228 Steel	+1½	910'	911½

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)
NH Cement			515 SACKS
Holeplug			9 SACKS

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 300' 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 Shaver Well Company, Inc.
Address Fredericksburg, IA 50630
Driller Jim Bunting Certification no: 4012

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 - 56135

Permit No. _____

Site identification

Property Owner City of Andover Well Number _____
Address Crawford Engineering
Tenant 200 Second Avenue, SE, Independence
Well Depth 1200' ft Date completed 6/5/02

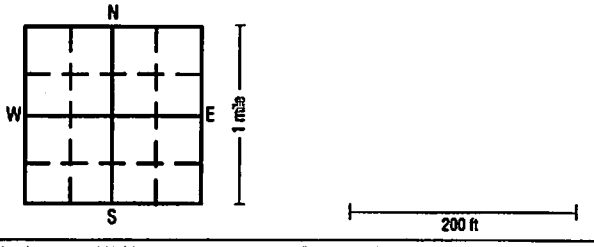
Location

County Jackson

_____ 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
948'	1004'	Brown		light rock
1004'				made water
1004'	1051'	Brown		light rock
1051'				made water
1051'	1042'	Brown		light Rock
1042'				made water
1042'	1165	Brown		light Rock
1165'				made water
1165'	1175'	White		Rock
1175'	1193			made water
1193'	1200	Brown		Sandstone + rock

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 Shawver Well Company
Address _____
Driller _____ Certification no. _____

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