(1)

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

WELL RECORD 56249

Permit No. _____

Site identification

Property Owner MGP Well Number 2
Address LAKOTA
Tenant
Well Depth 206 ft Date completed ____/____/____

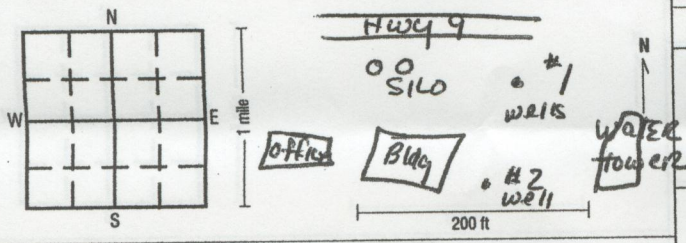
Location

County KOSSUTH

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

____1/4 of the____1/4 of the____1/4 of Sec 23 TWP 99 RNG 28 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	2	YEL	S	fill
2	5	BLK	S	topsoil
5	17	YEL	S	clay
17	44	Blue	S	clay
44	65	Blue	S	Shale / Sandy clay
65	79	GRAY	MH	Limestone
79	80	lt gray	S	Shale
80	87	Brn	MH	dolomite
87	90	Tan gray	MH	dolomite
90	92	gray/ Blue	Softer	Limestone / STRIPS Shale
92	93	TAN	MH	Limestone
93	95	GREEN	S	Shale
95	97	Blue	MH	limestone
97	100	Brn	Harder	dolomite
100	101	green	Softer	shale
101	102	White	MH	limestone
	Continue on pg 2			

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

14 inch from 0 ft to 117 ft
9 7/8 inch from 117 ft to 206 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

Size (ID/OD)	Type / Wt	Drive shoe (yes/no)	Pitless adapter (yes/no) Depth top	Depth bottom	Amount (length)
10	A53 Steel 40 lbs	ft	T2	117	119

Perforated or slotted casing? (yes / no)

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

Casing grouted? (yes / no)

Placement method pumped - tremie line

Type	Depth Top	Depth bottom	Amount (vol/wt)
Benseal	0	117	1000 lbs

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 AIRLIFTED
(pumped, airlifted, bailed) for 4 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 166 ft to 190 ft ☐ seepage well
Static water level 2 ft (below / above) GL; ☐ tape ☐ airline ☐ E-line ☐ estimate
Pumping water level 40 ft below GL; ☐ tape ☐ airline ☐ E-line ☐ estimate
At yield of 750 GPM; ☐ orifice ☐ volumetric ☐ estimate
Measurements taken at 3:30 (AM / PM) Date ____/____/____

Water quality test? (yes / no)

Date tested ____/____/____
Tested by _____

Contractor Schumacher Well
Address 2201 Slagle Dr Algona
Driller Jeremy Walker Certification no. 40660
Jim Schumacher 40097

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

Info pg 1

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Property Owner M g p Well Number 2

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Well Depth _____ ft Date completed ____/____/____

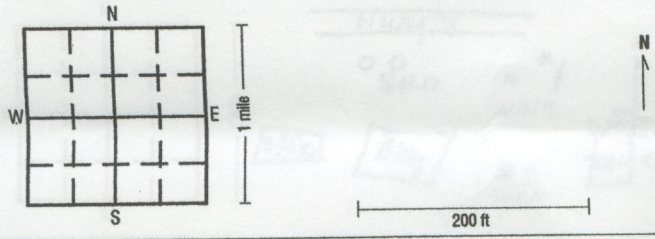
Location

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
102	103	lt Brn	MH	limestone
103	105	Brn	H	Chert
105	107	TAN	MH	limestone
107	108	lt green	Softer	limestone / stripe shale
108	109	lt TAN	MH	limestone
109	110	green	Softer	limestone / shale
110	114	green gray	Softer	limestone / shale
114	116	Blk	M	coal
116	140	White	MH	limestone
140	141	gray	S	Shale
141	166	White	MH	dolomite
166	175	green white	softer	Shale / Sandstone water
175	190	Tan	MH	Sandstone
190	206	Brn	MH	limestone

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

____ 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**