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

WELL RECORD 57353

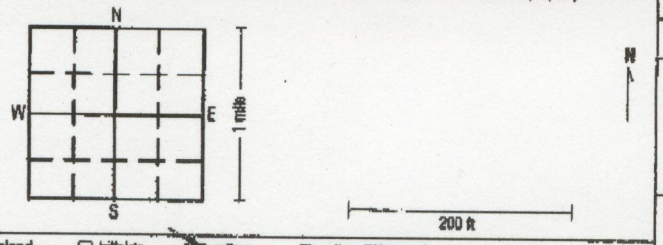
Permit No. ———

Site identification City of
Property Owner Wellman Well Number 3
Address @ 120th Street Wellman
Tenant
Well Depth 260 ft Date completed 4/3/03

Location County WASHINGTON

____ mi. N/S and ____ mi. E/W of intersection of ____ and ____
SW 1/4 of the SW 1/4 of the SE 1/4 of Sec 10 TWP 79N RNG 9 (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	5			T,11
5	27			Yellow Clay
27	34			Yellow Clay w SAND
34	71	Yellow		Clay
71	83	Blue		Clay
83	86			SAND Fine
86	106	Blue		Clay
106	107			Fine SAND
107	145	Blue		Clay
145	150			Course SAND w/wood
150	156	Blue		Clay
156	167			SAND Fine
167	169	Blue		Clay
169	252			SAND MED
252	260			SAND Course
260	b			Shal

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
24 inch from 0 ft to 20 ft
21 inch from 20 ft to 264 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)
12" SCH40 Steel		+1	220	221

Perforated or slotted casing? (yes / no)
Perforated / slotted from ____ ft to ____ ft
Perforated / slotted from ____ ft to ____ ft

Casing grouted? (yes / no) Placement method Tremmie

Type	Depth Top	Depth bottom	Amount (vol/wt)
Cement	0	162	275 cu/ft

Well screen? (yes / no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material
12"	0.045	220	260	40	S.S.
	D.___				

Bottom capped (yes / no) with Stainless steel
Seals / Packers (yes / no) kind ____ depth ____ ft
Gravel packed (yes / no) from 162 ft to 264 ft
type #1 WR amount 170 cu/ft

Well developed? (yes / no)
Explain Air
(pumped, airlifted, bailed) for ____ hrs at ____ GPM.

Pump installed? (yes / no) Date ___/___/___
Installer's name SAM
Type of pump Sub Depth to intake ____ ft
Pump diameter ____ Rated capacity ____ GPM

Water information Aquifer: ☒ sand / gravel ☐ limestone ☐ sandstone
Main water-supply zone from 220 ft to 260 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 Gingerich Well
Address 1321 Locust Ave Kalona IA 52247
Driller Kent Gingerich Certification no. 4004

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