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

WELL RECORD

1 of 2

58034 Permit No. STATE # 2003-0070

Site identification

"VINCENT SITE" 9926601

Property Owner SPARBOE FARMS Well Number 06

Address 3159 BUCHANAN AVE EAGLE GROVE IA

Tenant SAME

Well Depth 445 ft Date completed 8 / 12 / 03

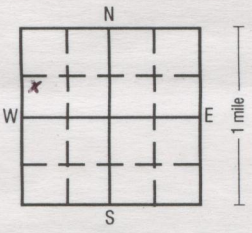
Location

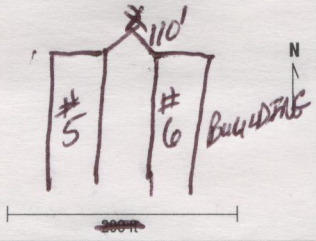
County WRIGHT

1/2 mi. N/S and ____ mi. E/W of intersection of 856 and BUCHANAN

NW 1/4 of the SW 1/4 of the NW 1/4 of Sec 20 TWP 90 RNG 26 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	3	BLK	SOFT	SOIL
3	13	BRN		SANDY CLAY
13	45	GRY		"
45	52	MIXED		SAND
52	67	GRY		SANDY CLAY
67	83	RED		CLAY SHALE
83	105	LT BRN	MED	LIMESTONE + CLAY
105	106	GRY	SOFT	CLAY
106	110	RED		"
110	130	GRY BLK		CLAY + SHALE
130	146	BLU GRY		"
146	160	GRY BRN	HARD	LIMESTONE
160	168	LT BRN		"
168	175	MED BRN		"
175	185	GRY BRN		SOME SHALE
185	202	BRN GRY		LIMESTONE
202	[illegible]	LT BRN		"
	269			

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

12 1/4 inch from 0 ft to 158 ft
7 1/2 inch from 158 ft to 445 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)
8"	SDR 21	+2	158	160
6"	"	160	445	285

Perforated or slotted casing? (yes / no)

Perforated / slotted from 305 ft to 445 ft
Perforated / slotted from ____ ft to ____ ft

Casing grouted? (yes / no) Placement method TREMIE

Type	Depth Top	Depth bottom	Amount (vol/wt)
BENSEAL	0	158	25 BAGS

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 2 hrs at 100 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 330 to 335 ft to 400-445 ft ☐ seepage well

Static water level 58 ft (below / above) GL; ☒ tape ☐ airline ☐ E-line ☐ estimate

Pumping water level 140 ft below GL; ☐ tape ☒ airline ☐ E-line ☐ estimate

At yield of 100 GPM; ☐ orifice ☐ volumetric ☒ estimate

Measurements taken at 3 : 00 (AM / PM) Date 8 / 12 / 03

Water quality test? (yes / no) Date tested ____ / ____ / ____

Tested by ____

Contractor Mort's Well Co.

Address 1451B Gull Ave., P.O. Box 715 Latimer, IA 50452

Driller John Phone ~~515~~ 579-6420 Certification no. 40521

641-

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

2 OF 2

Permit No. 58034

Site identification

"UPSTREAM SITE"

Property Owner SPARBOE FARMS Well Number 06

Address _____

Tenant _____

Well Depth _____ ft Date completed ____/____/____

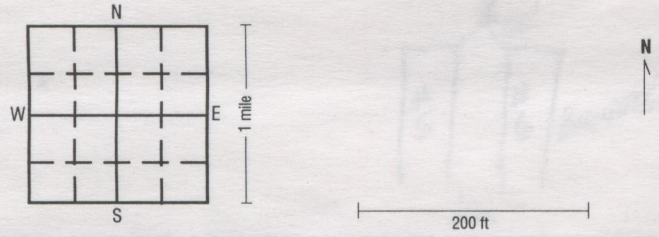
Location

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
269	335	LT BRN		LIMESTONE W/ SAND STONE
335	445	BRN GRY		LIMESTONE

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 _____

Address _____

Driller _____ Certification no. _____

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