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

WELL RECORD 59295

Permit No. 8J #

Site identification

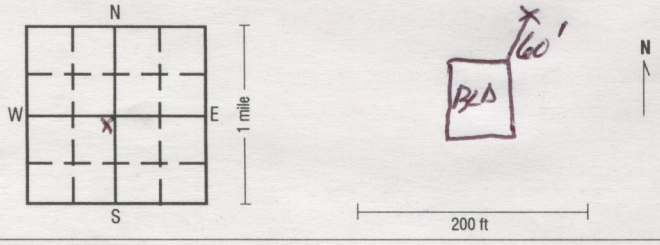
Property Owner IOWA LIMESTONE INC Well Number ____
Address RIVER RD ALDEN IA 50006
Tenant SAME
Well Depth 145 ft Date completed 7/1/04

Location

County HARDIN

____ mi. N/S and ____ mi. E/W of intersection of AT RIVER RD and S25
NE 1/4 of the NE 1/4 of the SW 1/4 of Sec 18 TWP 89 RNG 21 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	1	BLK	SOFT	SOIL
1	6	BRN	"	CLAY + COBBLES
6	8	BRN	HARD	LOOSE LIMESTONE
8	16	BRN	SOFT	CLAY
16	30	"	HARD	LIMESTONE
30	37	"	"	SANDSTONE
37	57	BRN/GRY	HARD	LIMESTONE
57	58	DK BRN	SOFT	CLAY
58	82	BRN	HARD	LIMESTONE
82	98	BRN/GRY	"	"
98	135	BRN	"	LIMESTONE + S.S.
135	142	LT BRN	"	LIMESTONE
145	145	BRN/GRY	"	"

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

12½ inch from 0 ft to 20 ft
10 inch from 20 ft to 123 ft

hole size continued
6 inch from 123 ft to 145 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)
6"	SDR 21	+2	123	125

Perforated or slotted casing? (yes / no)

Perforated / slotted from ____ ft to ____ ft
Perforated / slotted from ____ ft to ____ ft

Casing grouted? (yes / no) Placement method TREMIE

Type	Depth Top	Depth bottom	Amount (vol/wt)
BENSEAL	0	118	13 BAGS
HOLEPLUG	118	123	2 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 30 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 130 ft to 140 ft ☐ seepage well
Static water level 20 ft (below / above) GL; ☒ tape ☐ airline ☐ E-line ☐ estimate
Pumping water level 60 ft below GL; ☐ tape ☐ airline ☐ E-line ☒ estimate
At yield of 30+ GPM; ☐ orifice ☒ volumetric ☐ estimate
Measurements taken at 12:00 (AM / PM) Date 7/1/04

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

Tested by ____

Contractor MORT'S WELL CO.
Address BOX 715
Driller John Mort LATIMER IA 50452 Certification no. 1887

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