Layne-Western

65608

A Division of Layne Christensen Company
4601 N. 252nd Street, PO Box 597
Valley, Nebraska 68064
(402) 359-2042

WELL INFORMATION

1. Contact: **Regional Water** Date: **10/27/2004**
2. City and State: **Avoca, Iowa** Driller: **Duane Trask**
3. Well No. **N-21** at test hole No. **2004-21** Well location (attach map) **North Well Field**
4. Work completed: _____ Number of man-hours as charged to job on daily report: _____

5. Materials:

	Length	Diameter	Gauge or Wall Thickness	Material	Type	Number of Openings
6. Screen:	5	12"	.375	SST	Johnson	.090
7. Inner Casing:	23.5	8"	.322	Carbon Steel	Livingston	
8. Outer Casing:	pitless 7'	7'				

9. **6** tons of gravel used in the well. Size: **AA**
10. Well Test. Did you use test or permanent pump? **Test** Bowl Size: _____ Stages: _____
11. Size of orifice: _____ inch by _____ inch. Orifice tube reading: _____ inches.
12. Pumping test (measurements from ground-level):

Time	Gallons Per Minute (GPM)	Static	Drawdown	Pumping Level
		See Attached Sheet		

13. Recovery in 5-minutes: Yes, in 30-minutes: _____
14. Did you seal bottom of well? **Yes**. Thickness: **.375** inches. Material: **SST**
15. Well under-reamed? From _____ feet to _____ feet, _____ feet to _____ feet.
16. If all screen was not placed at bottom, state how is was spaced.
    From _____ feet to _____ feet; from _____ feet to _____ feet; from _____ feet to _____ feet.
17. Depth of well from ground level to top of plug: **27'**. Size of drilled hole: **30"** inches.
18. Was cement placed around or between any of the casings? **Yes**. If so, state where, how much **Top** and method used: **10' with cement**

Layne-Western

65608

A Division of Layne Christensen Company
4601 N. 252nd Street, PO Box 597
Valley, Nebraska 68064
(402) 359-2042

WELL INFORMATION

CONTRACT Regional Water WELL No. N-21

DATE 10/27/2004

Log of well from ground level:

Feet		Feet	Formation
0	to	15	Clay
15	to	27	Coarse sand & geavel
27	to	28	Grey clay
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		

