PWTS No. or PWS No. _____ PWTS Permit No. _____ GEOSAM Well No. (IGS use only) 88941

Site Identification

well #1

Property owner New Cooperative Other ID _____

Address 1389 Wright Ave City Rowan

Tenant New Coop

Well depth 385 ft Date completed 6/10/2015

Drill Method

☒ Rotary ☐ Auger ☐ Cable ☐ Other _____

Hole size

9 7/8 inch from 0 ft to 140 ft

5 7/8 inch from 140 ft to 385 ft

hole size continued

____ inch from ____ ft to ____ ft

____ inch from ____ ft to ____ ft

Location

County Franklin

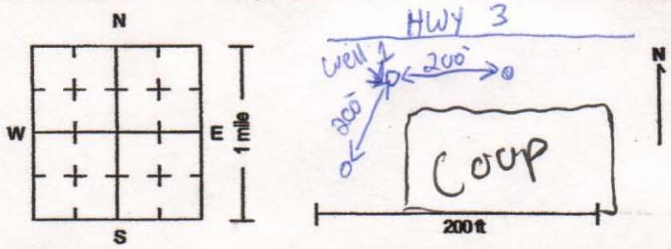
GPS coordinates (NAD83 datum)

42.745 3231 Latitude -93.498260 Longitude

☐ Decimal Degrees ☐ Degrees, Decimal Minutes ☐ Degrees, Minutes, Seconds

____ 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.



Casing or Loop Pipe

Record all depth measurements from ground level (GL). Use + for above GL measurements.

Size (in)	Material	Depth Top	Depth Bottom	Perforated	Slotted	Screen
6"	PVC SDR 21	+2	140	☐	☐	☐ slot size ____
4.5"	PVC SDR 26	139	385	☒	☐	☐ slot size ____
				☐	☐	☐ slot size ____
				☐	☐	☐ slot size ____
				☐	☐	☐ slot size ____

Casing Grout

Placement method _____

Type	Depth Top	Depth Bottom	Amount (vol/wt)
Benseal	0	130	288 gals
Holeplug	130	140	3 Sacks
☐ Gravel packed variety ____			
☒ Seals/packers Shale top	140'	K-Packer	139

Formation Log

From	To	Color	Hardness	Formation description
0	2	Black	Soft	topsoil
2	65	Gray	Soft	Sandy Clay
65	93	Gray	Med	Clay
93	120	Brown	HARD	Broken limestone
120	173	TAN/White	HARD	Limestone
173	195	Beige	HARD	L.S.
195	200	green	Soft	Shale/L.S.
200	245	Gray	Med	L.S.
245	250	White	Soft	Shale/L.S.
250	305	Red/White	Med	L.S.
305	330	Gray	Med	Shale/L.S.
330	345	Brown	Med	L.S.
345	350	Brown	Med	Shaly L.S.
350	385	Brown Gray	HARD	L.S.
				(use additional sheets as needed)

Pump Installation

Date ____/____/____

Type of pump Myers Water Depth to intake _____ ft

Pump diameter _____ in Rated capacity _____ GPM

Water Information

Date ____/____/____

Use + for above GL measurements.

Static Water Level	Pumping Water Level	Yield	Duration
45 ft	135 ft	75 GPM	2 hrs

Water level measurement: ☐ Sonic ☐ Tape ☐ Airline ☒ E-line ☐ Estimate

Water yield measurement: ☐ Orifice ☐ Volumetric ☒ Estimate

Main water-supply zone from _____ ft to _____ ft below GL

Well Development

☐ Physical explain: _____

☐ Chemical explain: _____

Remarks (including depth of lost drilling fluids, materials, or tools)

Contractor

Company Larson Well Company

Address PO Box 388 Roland

Driller Ricky Larson Certification no. 8416

Well Use

☐ Domestic ☐ Public supply ☐ Livestock

☐ Heat pump ☒ Commercial ☐ Irrigation

# of borehole(s) ____ ☐ Monitoring ☐ Other _____

IIHR Hydroscience & Engineering

Mail form to Iowa Geological Survey: 100 Oakdale IGS, Iowa City, IA 52242-1304

The University of Iowa

Make copies for: well contractor, customer, and county health department

Rev. 2014