88942

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

Site Identification

Property owner New Cooperative Well #2 Other ID _____

Address 1389 Wright Ave City Dows

Tenant New Coop

Well depth 337 ft Date completed 6/23/2015

Drill Method

☒ Rotary ☐ Auger ☐ Cable ☐ Other _____

Hole size

9 7/8 inch from 0 ft to 160 ft

5 7/8 inch from 160 ft to 337 ft

hole size continued

____ inch from ____ ft to ____ ft

____ inch from ____ ft to ____ ft

Location

County Franklin

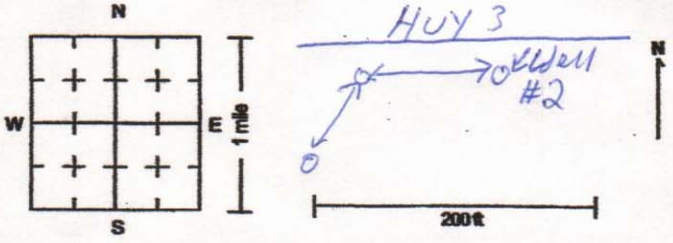
GPS coordinates (NAD83 datum)

_____ Latitude _____ 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"	SDR 21	+2	160	☐	☐	☐ slot size ____
4.5"	SDR 26	157	337	☒	☐	☐ slot size ____
				☐	☐	☐ slot size ____
				☐	☐	☐ slot size ____
				☐	☐	☐ slot size ____

Casing Grout

Placement method Tremie/Pour

Type	Depth Top	Depth Bottom	Amount (vol/wt)
Holeplug 3/8" chips	155	160	2 Sacks
Bentonite	0	155	204 gal
☐ Gravel packed variety ____			
☒ Seals/packers Shale trap 160	K-Pack	@ 157'	

Pump Installation

Date ___/___/___

Type of pump _____ 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	140 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 330 ft to 337 ft below GL

Formation Log

From	To	Color	Hardness	Formation description
0	5	Blk	Soft	Topsoil
5	20	Gray	Soft	Clay
20	90	Blue	Soft	Sand + Clay + Gravel
90	118	Brown	Soft	Weathered L.S.
118	164	Brown	Hard	L.S.
164	181	Gray	Hard	L.S.
181	183	Tan	Soft	Sandstone
183	197	Tan	Med	L.S.
197	204	Gray	Hard	L.S.
204	208	Gray	Soft	Shaly L.S.
208	255	Green	Soft	Shaly L.S.
255	304	Brown Gray	Hard	Broken L.S.
304	330	Gray	Soft	Shale
330	337	Brown	Med	L.S.
				(use additional sheets as needed)

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

Well Development

☒ Physical explain: Air Lift

☐ Chemical explain: _____

Well Use

☐ Domestic ☐ Public supply ☐ Livestock

☐ Heat pump ☒ Commercial ☐ Irrigation

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

Contractor

Company LARSON WELL Company

Address PO Box 388 Roland

Driller Riley Larsen Certification no. 8416

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