WELL RECORD FORM

PWSID# *or* PWTS No. _____ | PWTS Permit No. _____ | GeoSam WNumber *(IGS use only)* _____

Site Identification

Property owner Daybreak Foods, Inc. Vincent Site Other ID Well No. 2

Address 3170 Buchanan Ave City Eagle Grove

Tenant _____

Well depth 480 ft Date completed 11 / 9 / 2021

Location

County Wright

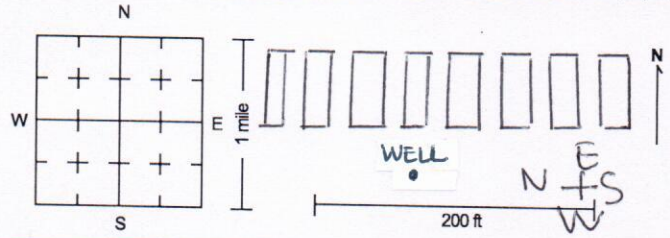
GPS coordinates (NAD83 datum)

_____ Latitude _____ Longitude

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

____ 1/4 of the ____ 1/4 of the ____ 1/4 of Sec 20 TWP 96 RNG 26 E W

Show exact location of well in section grid with a dot (•). Sketch map of well location on property.



Formation Log

From	To	Color	Hardness	Formation description
295	355	TAN	MEDIUM	LIMESTONE
355	365	BROWN	MEDIUM	LIMESTONE
365	465	GRAY	HARD	LIMESTONE
465	470	TAN	SOFT	LIMESTONE
470	480	BLUE	SOFT	CHALKY SHALE
				(use additional sheets as needed)

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

Well Use

☐ Domestic ☐ Public supply ☑ Livestock

☐ Heat pump ☐ Commercial ☐ Irrigation

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

Drill Method

☑ Rotary ☐ Auger ☐ Cable ☐ Other _____

Hole size

5 7/8 inch from 295 ft to 480 ft

____ inch from ____ ft to ____ ft

hole size continued

____ inch from ____ ft to ____ ft

____ inch from ____ ft to ____ ft

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
				☐	☐	☐ slot size
				☐	☐	☐ slot size
				☐	☐	☐ slot size
				☐	☐	☐ slot size
				☐	☐	☐ slot size
☐ Gravel packed				amount ____ variety ____		
☐ Seals/packers				type _____		
☐ Bottom capped with _____						

Casing Grout

Placement method _____

Type	Depth Top	Depth Bottom	Amount (vol/wt)

Pump Installation

Date ____ / ____ / ____

Type of pump _____ Depth to intake _____ ft

Pump diameter _____ in Rated capacity _____ GPM

Water Information

Date 11 / 09 / 2021

Static Water Level	Pumping Water Level	Yield	Duration
84 ft	140 ft	100 GPM	1.00 hrs

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

Water yield measurement: ☐ Orifice ☐ Volumetric ☑ Estimate

Main water-supply zone from 400 ft to 480 ft below GL

Well Development

☑ Physical explain: AIR LIFT

☐ Chemical explain: _____

Contractor

Company LARSON WELL COMPANY LLC

Address P.O. BOX 388 ROLAND, IOWA 50236

Driller RILEY LARSON Certification no. 8416

IGS IIHR Hydroscience & Engineering

The University of Iowa

Rev. 2017

See back for submittal information

DNR

DNR Form 542-8170