WELL RECORD FORM

PWSID# *or* PWTS No. _____ **PWTS Permit No.** _____ **GeoSam WNumber** *(IGS use only)* 102308

Site Identification

Property owner REMBRANDT ENTERPRISES Other ID _____

Address 1419 480TH STREET City REMBRANDT

Tenant _____

Well depth 366 ft Date completed 12 / 26 / 24

Location

County BUENA VISTA

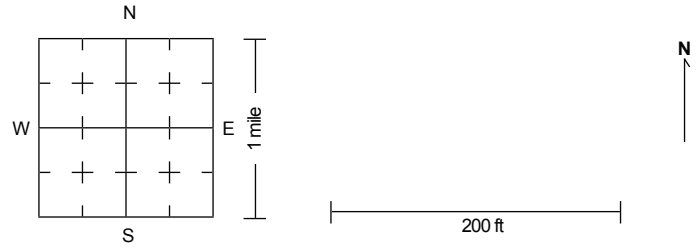
GPS coordinates (NAD83 datum)

42.8227300 Latitude 95.1300200 Longitude

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

NE 1/4 of the SW 1/4 of the SW 1/4 of Sec 32 TWP 93 RNG 36 E W

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



Drill Method

☑ Rotary ☐ Auger ☐ Cable ☐ Other _____

Hole size

17.5 inch from 0 ft to 368 ft

_____ inch from _____ ft to _____ ft

hole size continued

_____ inch from _____ ft to _____ ft

_____ inch from _____ ft to _____ ft

Casing, Screen and/or Loop Pipe

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

Size (in)	Material	Depth Top(ft)	Depth Bottom(ft)	Perforated	Slotted	Screen
12	SDR17 PVC	0	296	☐	☐	☐ slot size _____
12	Stainless Steel	296	366	☐	☑	☑ slot size .018
				☐	☐	☐ slot size _____
				☐	☐	☐ slot size _____
				☐	☐	☐ slot size _____
☑ Gravel packed		286	368	amount 70 variety Bags		
☐ Seals/packers				type _____		

☑ Bottom capped with Plate

Formation Log

From	To	Color	Hardness	Formation description
0	5	BLK	SOFT	TOP SOIL
5	10	TAN	MED	CLAY
10	46	BLUE	MED	CLAY
46	61	TAN	MED	STICKY CLAY
61	91	BLUE	HARD	STICKY CLAY
91	110	BLUE	HARD	STICKY CLAY
110	140	YELLOW	HARD	GUMMY CLAY
140	195	BLUE	HARD	GUMMY CLAY
195	253	BROWN	MED/HARD	SANDSTONE
253	296	BLUE	HARD	STICKY CLAY
296	366	BROWN	MED/HARD	SANDSTONE
366	368	BLUE	HARD	STICKY CLAY
				(use additional sheets as needed)

Casing Grout

Placement method _____

Type	Depth Top	Depth Bottom	Amount (vol/wt)
Benseal	0	286	58 Bags

Pump Installation

Date ____/____/_____ Depth to intake _____ ft

Type of pump _____ Rated capacity _____ GPM

Pump diameter _____ in Final Yield _____ GPM

Well Development and Water Information

Date ____/____/_____

Static Water Level	Pumping Water Level	Yield	Duration
147 ft	_____ ft	_____ GPM	_____ 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

Explain: 70hrs Air Developed

Well Disinfection

System Water Volume _____ gal/ft³ Chemical Chlorine

Chemical Concentration 200ppm mg/L Contact Time 6 hrs

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 _____

Certified Well Driller

Company STEFFL DRILLING & PUMP INC

Name James Block / Michael J Steffl Certification no. 5280

Certified Pump Installer

Company Beemer Companies

Name Guy Beemer Certification no. 7278

IOWA Iowa Geological Survey

See back for submittal information