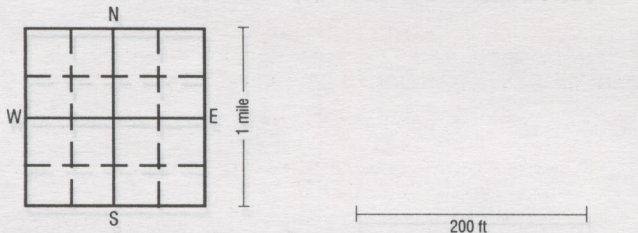


<b>Site identification</b> Property Owner <u>Sabula, City of</u> Well Number <u>3</u> Address <u>411 Broad Street Sabula</u> Tenant _____ Well Depth <u>854</u> ft Date completed <u>5/24/04</u>					<b>Drill method</b> <input type="checkbox"/> rotary <input type="checkbox"/> auger <input type="checkbox"/> cable <input type="checkbox"/> other _____ <b>Hole size</b> <div style="display: flex; justify-content: space-between;"> <div> <u>21</u> inch from <u>0</u> ft to <u>160</u> ft  <u>13</u> inch from <u>160</u> ft to <u>523</u> ft         </div> <div>           hole size continued  <u>7 15/16</u> inch from <u>523</u> ft to <u>754</u> ft  <u>7 3/4</u> inch from <u>754</u> ft to <u>854</u> ft         </div> </div>																																																																																																																
<b>Location</b> County <u>JACKSON</u> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <u>City Limits</u>            1/4 of the _____         </div> <div>           mi. N and mi. E of intersection of _____ and _____            1/4 of the _____ 1/4 of the _____ 1/4 of the _____ Sec <u>19</u> TWP <u>8N</u> RNG <u>7E</u> </div> </div> <p>Show exact location of well in section grid with a dot (•). Sketch map of well location on property.</p> <div style="display: flex; align-items: center;"> <div style="margin-left: 20px;"> <p>200 ft</p> </div> </div> <p><input type="checkbox"/> upland <input type="checkbox"/> hillside <input checked="" type="checkbox"/> valley Elevation (if known) _____</p>					Record all depth measurements from ground level (GL). Use (+) for above GL measurements. <b>Casing</b> Drive shoe (yes <input checked="" type="checkbox"/> no <input type="checkbox"/> ) Pitless adapter (yes <input checked="" type="checkbox"/> no <input type="checkbox"/> ) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Size (ID/OD)</th> <th>Type / Wt</th> <th>Depth top</th> <th>Depth bottom</th> <th>Amount (length)</th> </tr> </thead> <tbody> <tr> <td>16" OD 375</td> <td>Steel</td> <td>0</td> <td>160</td> <td>160</td> </tr> <tr> <td>8" SCH 40</td> <td>Steel</td> <td>+1</td> <td>523</td> <td>524</td> </tr> </tbody> </table>					Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)	16" OD 375	Steel	0	160	160	8" SCH 40	Steel	+1	523	524																																																																																													
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<b>Well developed?</b> (yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Explain <u>Air</u> (pumped, airlifted, bailed) for <u>3</u> hrs at <u>500</u> GPM.					<b>Pump installed?</b> (yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Date ____/____/____ Installer's name _____ Type of pump _____ Depth to intake _____ ft Pump diameter _____ Rated capacity _____ GPM																																																																																																																
<b>Water information</b> Aquifer: <input type="checkbox"/> sand / gravel <input checked="" type="checkbox"/> limestone <input type="checkbox"/> sandstone Main water-supply zone from <u>560</u> ft to <u>820</u> ft <input type="checkbox"/> seepage well Static water level <u>90</u> ft (below / above) GL; <input type="checkbox"/> tape <input type="checkbox"/> airline <input type="checkbox"/> E-line <input type="checkbox"/> estimate Pumping water level <u>103</u> ft below GL; <input type="checkbox"/> tape <input type="checkbox"/> airline <input type="checkbox"/> E-line <input type="checkbox"/> estimate At yield of <u>300</u> GPM; <input type="checkbox"/> orifice <input type="checkbox"/> volumetric <input type="checkbox"/> estimate Measurements taken at _____:_____ (AM / PM) Date ____/____/____					<b>Water quality test?</b> (yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Tested by <u>Hygenic LAB</u> Date tested ____/____/____																																																																																																																
<b>Remarks</b> (including depth of lost drilling fluids, materials, or tools) _____ _____ _____					Contractor <u>Gingerich Well</u> Address <u>1321 Locust Ave Kalona IA 52247</u> Driller <u>Phil Gyeck</u> Certification no <u>40046</u>																																																																																																																
<b>Well use</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic  <input type="checkbox"/> Livestock  <input type="checkbox"/> Test well         </div> <div> <input type="checkbox"/> Municipal  <input checked="" type="checkbox"/> Public supply  <input type="checkbox"/> Irrigation         </div> <div> <input type="checkbox"/> Commercial  <input type="checkbox"/> Monitoring  <input type="checkbox"/> Other _____ (explain)         </div> </div>																																																																																																																					



Site identification				Drill method			
Property Owner <u>SABULA</u> Well Number _____				<input type="checkbox"/> rotary <input type="checkbox"/> auger <input type="checkbox"/> cable other _____			
Address _____				Hole size			
Tenant _____				hole size continued			
Well Depth <u>854</u> ft Date completed ____/____/____				____ inch from <u>0</u> ft to ____ ft			
Record all depth measurements from ground level (GL). Use (+) for above GL measurements.				____ inch from ____ ft to ____ ft			
Location County _____				Casing			
____ mi. <sup>N</sup> and ____ mi. <sup>E</sup> of intersection of _____ and _____				Drive shoe (yes/no) Pitless adapter (yes/no)			
____ 1/4 of the ____ 1/4 of the ____ 1/4 of Sec ____ TWP ____ RNG ____ <sup>E</sup> <sup>W</sup>				Size (ID/OD) Type / Wt Depth top Depth bottom Amount (length)			
Show exact location of well in section grid with a dot (●). Sketch map of well location on property.							
				Perforated or slotted casing? (yes/no)			
<input type="checkbox"/> upland <input type="checkbox"/> hillside <input checked="" type="checkbox"/> valley Elevation (if known) _____				Perforated / slotted from _____ ft to _____ ft			
Formation log				Perforated / slotted from _____ ft to _____ ft			
From	To	Color	Hardness	Formation description			
485	503	BUFF		Limestone with Shel			
503	558	LT TAN		Limestone			
558	572	LT		Grey Limestone			
572	579	Grey with		Streaks Shel			
579	590	LT Yellow		Limestone			
595	599			Streaks Shel			
599	602	Grey		Limestone			
602	607	White		SAND Stone			
607	770	White		Limestone			
770	779	White		SAND Stone w Shel			
779	820	Grey		Limestone			
820	833	Grey		Very Hard Limestone			
833	854	Grey		Hard Limestone			
				Well screen? (yes/no)			
				Diameter Slot size Depth Top Depth Bottom Length Material			
				0.____			
				0.____			
				Bottom capped (yes/no) with _____			
				Seals / Packers (yes/no) kind _____ depth _____ ft			
				Gravel packed (yes/no) from _____ ft to _____ ft			
				type _____ amount _____			
				Well developed? (yes/no)			
				Explain _____			
				(pumped, airlifted, bailed) for _____ hrs at _____ GPM.			
				Pump installed? (yes/no) Date ____/____/____			
				Installer's name _____			
				Type of pump _____ Depth to intake _____ ft			
				Pump diameter _____ Rated capacity _____ GPM			
				Water information			
				Aquifer: <input type="checkbox"/> sand / gravel <input type="checkbox"/> limestone <input type="checkbox"/> sandstone			
				Main water-supply zone from _____ ft to _____ ft <input type="checkbox"/> seepage well			
				Static water level _____ ft (below / above) GL; <input type="checkbox"/> tape <input type="checkbox"/> airline <input type="checkbox"/> E-line <input type="checkbox"/> estimate			
				Pumping water level _____ ft below GL; <input type="checkbox"/> tape <input type="checkbox"/> airline <input type="checkbox"/> E-line <input type="checkbox"/> estimate			
				At yield of _____ GPM; <input type="checkbox"/> orifice <input type="checkbox"/> volumetric <input type="checkbox"/> estimate			
				Measurements taken at ____:____ (AM / PM) Date ____/____/____			
				Water quality test? (yes/no) Date tested ____/____/____			
				Tested by _____			
Remarks (including depth of lost drilling fluids, materials, or tools)				Contractor _____			
Well use				Address _____			
<input type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial				Driller _____ Certification no. _____			
<input type="checkbox"/> Livestock <input type="checkbox"/> Public supply <input type="checkbox"/> Monitoring							
<input type="checkbox"/> Test well <input type="checkbox"/> Irrigation <input type="checkbox"/> Other _____							
				(explain)			