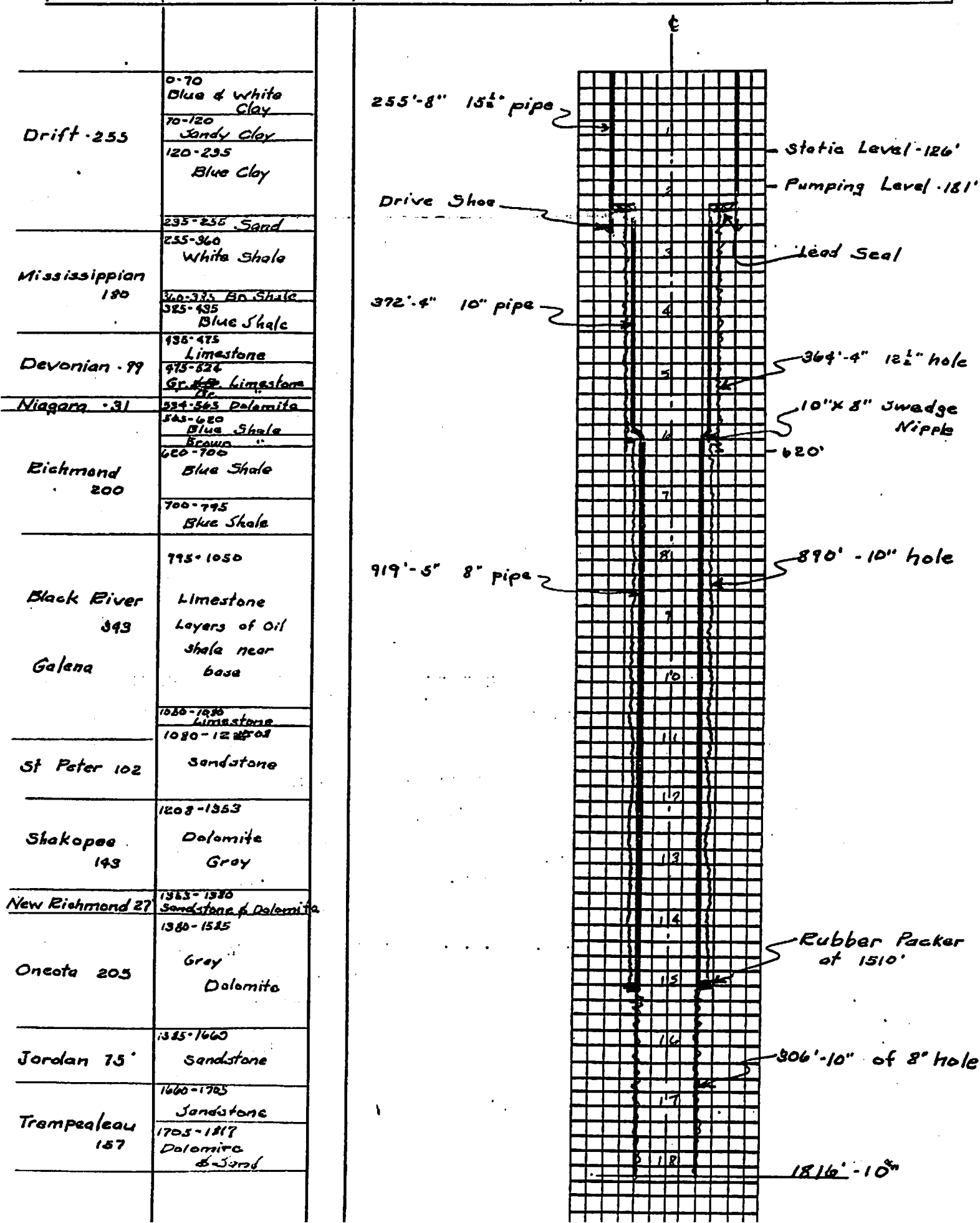


Formation	Material and distance from surface in ft.	Series	Position, kind and extent of casing, liners, shoes, etc.	Scale: Horizontal <u>2"</u> Vertical <u>25'</u>	Position of seals, screens, static level, etc.
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IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH ENGINEERING AND INDUSTRIAL HYGIENE

GROUND WATER

Town Washington, Iowa County Washington Date July 1941
WELL NO. 4 Active Yes Standby _____ Abandoned _____ Replaced by No. _____
LOCATION: Street _____ Sec 17 T. 75 N.R. 7 East West
Lot 8 Block 5 Township Washington
OWNERSHIP Municipal Date Installed March 19 24
CONTRACTOR F.N. Gray Address Chicago, Ill.
DATE RECONDITIONED _____ 19 _____ Contractor _____ Address _____
CONSTRUCTION EMPLOYED: _____

CURB ELEVATION 735 REFERENCE C.R.I. & P. R.R.
TYPE OF CONSTRUCTION Drilled Depth 1817 ft. Diameter 16 in.
CASING: Material Wrt. iron Condition good
SCREEN: Material _____ Length _____ ft. Diameter _____ in. Slot Opening _____ in.
WELL SEALED yes How joint at pump base Approved yes
WELL VENTED yes How in pump base Approved yes
TYPE OF PUMP Turbine Make American Capacity 500 GPM Lubricated oil & water
DEPTH TO CYLINDER 200 ft. Tail Pipe 40 ft.
PUMP CONTROL: Manual yes Automatic _____ Semi-Automatic _____
STATIC LEVEL 126 ft. Pumping Level 181 ft. Drawdown 55 ft.
OPTIMUM SPECIFIC YIELD 500 GPM Drawdown 55 ft. Time 24 hrs.
RATE OF DRAWDOWN slow Rate of Recovery rapid
TEMPERATURE OF WATER 66 °F Where Measured 150' from pump. Temp. of Atmosphere _____ °F
DRAWDOWN GAUGE INSTALLED No
TOPOGRAPHICAL POSITION OF WELL Upland
WELL SITE INVESTIGATED Yes Approved yes Why not _____
WELL CONSTRUCTION REVIEWED yes Approved yes Why not _____
PIT CONSTRUCTION: Purpose none Size and Description _____

CONDITION: _____ Drainage Facilities _____
PUMP INSTALLATION: Approved yes Why Not _____
CUTTINGS FROM WELL PRESERVED: yes Where in pump station & I.G.S.
DEPTH TO BED ROCK _____ Depth to Water-bearing Stratum _____
SOURCE OF WATER: Principal Formation _____ Other _____

