

34334

WELL RECORD

Revised
4/12/94

Site Identification

Property Owner City of Coggon Well Number _____

Address _____

Tenant _____

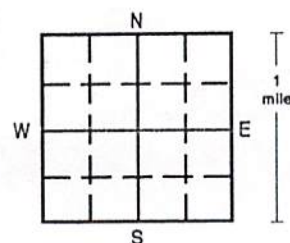
Well Depth _____ ft. Date Completed ____/____/____

Location

County _____

Well is ____ mi. ^N and ____ mi. ^E of intersection of ____ and ________ 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
(Indicate North)

Formation Log

From	To	Color	Hardness	Description
0	19'	BRN	soft	clay trace of sand
19'	30'	BRN grey	semi HARD	BRN Clay
30'	48'	BLUE	HARD	Blue Clay
48'	49'	BRN	soft	sand, med
49'	81'	Blue	HARD	Blue Clay
81'	83'	Grey	soft	sand, med
83'	109'	Blue	HARD	Blue Clay
109'	117'	BRN	soft	ROCK
117'	118'	BRN	HARD	ROCK
118'	196'6"	BRN grey	HARD	ROCK
196'6"	208'6"	BRN grey	HARD	Rock, crevices constant
208'6"	213'7"	" "	—	large crevices

use second sheet if needed

Remarks

(Topographic position, elevation, development, disinfection, water quality, etc.)

Well Use

- ☐ Domestic
☐ Livestock
☐ Test Well

- ☐ Municipal
☐ Public Supply
☐ Irrigation

- ☐ Industrial
☐ Monitoring
☐ Other _____

Measuring Point (MP)

All depth measurements are made from:

☒ Ground Level ☐ KB/other _____ ft. (above/below) ground level

Hole Size

12 3/8 inch from 0 ft. to 195 ft. continued _____ inch from _____ ft. to _____ ft.
7 1/2 inch from 195 ft. to 214 ft. _____ inch from _____ ft. to _____ ft.

Casing

(ID/OD)?

Drive shoe? (yes/no)

Pitless adaptor? (yes/no)

Size	Type / Wt.	Depth Top	Depth Bottom	Amount (length)

Perforated or Slotted Casing?

(yes/no)

Perforated / Slotted from _____ ft. to _____ ft.

Perforated / Slotted from _____ ft. to _____ ft.

Casing Grouted?

(yes/no)

☒ Neat Cement☐ Bentonite☐ other _____

from 0' ft. to 195' ft.

from _____ ft. to _____ ft.

Well Screen?

(yes/no)

Diameter	Slot size	Depth Top	Depth Bottom	Amount	Type / Mfg.

Gravel packed? (yes/no) from _____ ft. to _____ ft.

Bottom capped? (yes/no) with _____

Seals / Packers? (yes/no) kind _____ depth _____ ft.

Water Information

Main water supply zone from _____ ft. to _____ ft.

Supply zone rock type (sand/gravel, limestone, sandstone) _____

Final water head (static water level) _____ ft. (below / above) the MP

Pumping water level _____ ft. below MP at yield of _____ GPM

Water quality tested? (yes/no) Date tested ____/____/____

Tested by _____

Parameters tested for: _____

Test results _____

Pump

Pump installed? (yes/no)

Date ____/____/____

Type of pump _____ Manufacturer's name _____

Depth to intake _____ ft. Tail pipe? (yes/no) length _____ ft.

Pump diameter _____ inches Rated capacity _____ GPM

Contractor's name _____ Registration no. _____

Address _____

Driller's name _____ Drill method (rotary / cable) _____

IOWA GEOLOGICAL SURVEY

34334

123 North Capitol St.
Iowa City, Iowa 52242
Phone (319) 338-1173

WELL NO. _____ DATE TESTED 12/15/93
LOCATION Coggon TESTED BY _____
Diameter of Well 8 inch Pump Used: _____ Driver _____
Depth of Well 213' Column & Shaft _____
Length of Airline 165' Bowls _____
Non-Pumping Level _____ Manufacturer _____
Office Seize _____ Serial No. _____

AIRLINE 165'

WATER LEVEL 103'

Date Time	Time Accumulative	Piezometer Reading	G.P.M.	Air Gauge/ Reading (ft.)	P.W.L. (feet)	Drawdown (feet)	Remarks
9:10am	5 min	13.5	121	26			
9:15	5 min	13.5	121	26.5			
9:20	5 min	13.5	121	26			
9:25	5 min	13.5	121	26.5			
9:30	5 min	13.5	121	26.5			
9:40	10 min	13.5	121	26.5			
9:50	10 min	13.5	121	26			
10:00	10 min	13.5	121	26.5			
10:15	15 min	13.5	121	26.5			
10:30	15 min	13.5	121	26.5			
10:45	15 min	13.5	121	26.5			
11:00	15 min	13.5	121	26.5			
11:15	15 min	13.5	121	26.5			
11:45	30 min	13.5	121	26.5			
12:15pm	30 min	13.5	121	26.5			
12:45	30 min	10.5	210	26			
1:15	30 min	10.5	210	26.5			

123 North Capitol St.
Iowa City, Iowa 52242
Phone (319) 338-1173

1B _____ WELL NO. _____ DATE TESTED _____
 LOCATION _____ TESTED BY _____
 Diameter of Well _____ Pump Used: _____ Driver _____
 Depth of Well _____ Column & Shaft _____
 Length of Airline _____ Bore _____
 In-Pumping Level _____ Manufacturer _____
 Office Seize _____ Serial No. _____

[illegible]