

52102
WELL RECORD WELL # 1

Permit No. 41-142

Site identification Property Owner <u>NEW HORIZON COOP</u> Well Number <u>01</u> Address <u>PO 155 BRITT IA 50423</u> Tenant <u>SAME</u> Well Depth <u>145</u> ft Date completed <u>4/8/00</u>		Drill method <input checked="" type="checkbox"/> rotary <input type="checkbox"/> auger <input type="checkbox"/> cable other _____ Hole size <u>9 7/8</u> inch from <u>0</u> ft to <u>98</u> ft <u>5 7/8</u> inch from <u>98</u> ft to <u>145</u> ft hole size continued _____ inch from _____ ft to _____ ft Record all depth measurements from ground level (GL). Use (+) for above GL measurements.																																														
Location County <u>HANCOCK</u> <u>1/2</u> mi. N and _____ mi. E of intersection of <u>200th</u> and <u>IOWA</u> <u>SE</u> 1/4 of the <u>SE</u> 1/4 of the <u>NE</u> 1/4 of Sec <u>9</u> TWP <u>95</u> R. <u>25</u> E W Show exact location of well in section grid with a dot (•). Sketch map of well location on property.  <input checked="" type="checkbox"/> upland <input type="checkbox"/> hillside <input type="checkbox"/> valley Elevation (if known) _____		Casing Drive shoe (yes / no) _____ Pitless adapter (yes / no) _____ Size (ID/OD) Type / Wt Depth top Depth bottom Amount (length) <u>6"</u> <u>SDR 21</u> <u>+3</u> <u>98</u> <u>101</u> Perforated or slotted casing? (yes / no) _____ Perforated / slotted from _____ ft to _____ ft Perforated / slotted from _____ ft to _____ ft Casing grouted? (yes / no) _____ Placement method <u>TRENCH BOTTOM CAS</u> Type Depth Top Depth bottom Amount (vol/wt) <u>BEVEAL</u> <u>2</u> <u>98</u> <u>248 GAL</u> <u>HOEPLUG</u> <u>0</u> <u>2</u> <u>1 BAG</u> 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 _____																																														
Formation log <table border="1"><thead><tr><th>From</th><th>To</th><th>Color</th><th>Hardness</th><th>Formation description</th></tr></thead><tbody><tr><td>0</td><td>11</td><td>BRN</td><td>SOFT</td><td>SANDY CLAY</td></tr><tr><td>11</td><td>45</td><td>BRN</td><td>SOFT</td><td>SANDY CLAY</td></tr><tr><td>45</td><td>48</td><td>MULT</td><td>SOFT</td><td>SAND</td></tr><tr><td>48</td><td>90</td><td>BRN</td><td>SOFT</td><td>SANDY CLAY</td></tr><tr><td>90</td><td>93</td><td>BLE</td><td>SOFT</td><td>CLAY</td></tr><tr><td>93</td><td>95</td><td>BLE WHT</td><td>SOFT MED</td><td>CLAY & LIMESTONE</td></tr><tr><td>95</td><td>100</td><td>WHT BRN</td><td>HARD</td><td>LIMESTONE</td></tr><tr><td>100</td><td>145</td><td>MED BRN</td><td>HARD</td><td>LIMESTONE SOME S.S.</td></tr></tbody></table> use additional sheets as needed		From	To	Color	Hardness	Formation description	0	11	BRN	SOFT	SANDY CLAY	11	45	BRN	SOFT	SANDY CLAY	45	48	MULT	SOFT	SAND	48	90	BRN	SOFT	SANDY CLAY	90	93	BLE	SOFT	CLAY	93	95	BLE WHT	SOFT MED	CLAY & LIMESTONE	95	100	WHT BRN	HARD	LIMESTONE	100	145	MED BRN	HARD	LIMESTONE SOME S.S.	Well developed? (yes / no) _____ Explain <u>WITH DRILL</u> (pumped / <u>airlifted</u> / bailed) for <u>2</u> hrs at <u>50</u> 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 checked="" type="checkbox"/> limestone <input checked="" type="checkbox"/> sandstone Main water-supply zone from <u>110</u> ft to <u>140</u> ft <input type="checkbox"/> seepage well Static water level <u>20</u> ft (below / above) GL; <input checked="" type="checkbox"/> tape <input type="checkbox"/> airline <input type="checkbox"/> E-line <input type="checkbox"/> estimate Pumping water level <u>100</u> ft below GL; <input type="checkbox"/> tape <input checked="" type="checkbox"/> airline <input type="checkbox"/> E-line <input type="checkbox"/> estimate At yield of <u>50</u> GPM; <input type="checkbox"/> orifice <input type="checkbox"/> volumetric <input checked="" type="checkbox"/> estimate Measurements taken at _____ : _____ (AM / PM) Date _____ / _____ / _____ Water quality test? (yes / no) _____ Date tested _____ / _____ / _____ Tested by <u>IGT LABS</u> Contractor <u>Mort's Well Co.</u> Address <u>1451B Gull Ave., P.O. Box 715</u> Driller <u>John C</u> Phone <u>515-579-6420</u> Certification no. <u>40521</u>	
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Remarks (including depth of lost drilling fluids, materials, or tools)		Well use <input type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial <input checked="" 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)																																														