Iowa Department of Natural Resources Geological Survey Bureau
109 Trowbridge Hall, Iowa City, IA 52242-1319 PH (319) 335-1575

WELL RECORD 1 OF 2

58029 Permit No. STATE #

Site identification

Property Owner CITY OF HANSELL Well Number 02
Address TIMBER AVE HANSELL IA
Tenant STATE
Well Depth 485 ft Date completed 6 / 18 / 03

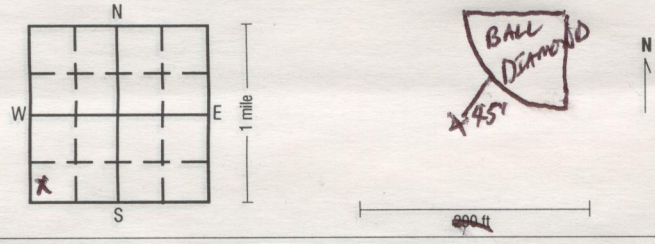
Location

County FRANKLIN

____ mi. N/S and AT mi. E/W of intersection of 160 ST and TIMBER AVE

SW 1/4 of the SW 1/4 of the SW 1/4 of Sec 21 TWP 92 RNG 19 E/W

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



X upland ☐ hillside ☐ valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
0	4	BLK BRN	SOFT	SOIL + CLAY
4	14	BRN	MED	LOOSE LIMESTONE
14	23	BRN GRY	MED	SHALE + CLAY
23	30	BRN	MED	CLAY + LIMESTONE
30	50	BRN GRY	SOFT	CLAY
50	100	GRY	MED	SHALE + CLAY
100	120	GRY BRN	HARD	LIMESTONE
120	130	GRY	MED	LIMESTONE + SHALE
130	151	GRY BRN	HARD	LIMESTONE
151	155	GRY	SOFT	CLAY
155	166	GRY BRN	"	"
166	171	GRY	MED	SHALE + CLAY
171	188	GRY BRN	HARD	LIMESTONE
188	244	GRY	SOFT	CLAY
244	258	BRN GRY	HARD	LIMESTONE
258	278	BRN	"	"
278	308	BRN GRY	"	"

use additional sheets as needed

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

☐ Domestic ☐ Livestock ☐ Test well
X Municipal ☐ Public supply ☐ Irrigation
☐ Commercial ☐ Monitoring ☐ Other _____ (explain)

Drill method

X rotary ☐ auger ☐ cable other _____

Hole size

17½ inch from 0 ft to 105 ft
13 inch from 105 ft to 252 ft

hole size continued
8 inch from 252 ft to 485 ft
____ inch from ____ ft to ____ ft
____ inch from ____ ft to ____ ft

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

Casing

Drive shoe (yes / no) Pitless adapter (yes / no)

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)
14"	.375 WALL	0	105	105
8"	.322 WALL	+3	252	255

Perforated or slotted casing? (yes / no)

Perforated / slotted from ____ ft to ____ ft
Perforated / slotted from ____ ft to ____ ft

Casing grouted? (yes / no) Placement method TREMIE BOTTOM UP

Type	Depth Top	Depth bottom	Amount (vol/wt)
BENSEAL 17½	0	105	19 BATCHS
BENSEAL 13"	0	252	36 BATCHS

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 WITH PUMP
(pumped, airlifted, bailed) for 24 hrs at 175 GPM.

Pump installed? (yes / no) Date ____ / ____ / ____

Installer's name _____
Type of pump _____ Depth to intake _____ ft
Pump diameter _____ Rated capacity _____ GPM

Water information

Aquifer: ☐ sand / gravel X limestone ☐ sandstone
Main water-supply zone from 400 ft to 485 ft ☐ seepage well
Static water level 90 ft (below / above) GL; X tape ☐ airline ☐ E-line ☐ estimate
Pumping water level 140 ft below GL; PUMP ☐ tape ☐ airline ☐ E-line ☐ estimate
At yield of 175 GPM; ☐ orifice X volumetric ☐ estimate
Measurements taken at 12:00 (AM / PM) Date 6 / 23 / 00

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

Tested by _____

Contractor

Contractor Mort's Well Co.
Address 1451B Gull Ave., P.O. Box 715
Latimer, IA 50452
Driller John Phone ~~515~~ 579-6420 Certification no. 40521

white copy – **Iowa DNR, Geological Survey Bureau** blue copy – **Well Contractor** pink copy – **Customer** yellow copy – **County Health Officer**

...atural Resources Geological Survey Bureau
...all, Iowa City, IA 52242-1319 PH (319) 335-1575

WELL RECORD 2 OF 3

58029 Permit No. _____

Identification

Property Owner CITY OF HAWSELL Well Number _____

Address _____

Tenant _____

Well Depth _____ ft Date completed ____/____/____

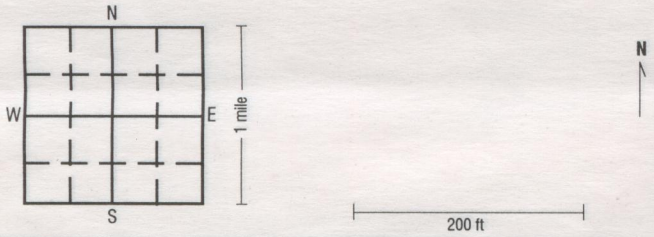
Location

County _____

____ mi. N/S and ____ mi. E/W 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 on property.



☐ upland ☐ hillside ☐ valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
308	317	LT DK BRN	HARD	LIMESTONE
317	348	BRN GRY		
348	350	BRN		
350	380	GRY BRN		
380	382	DK BRN		
382	384	LT DK BRN		
384	385	HARD DK GRY		
385	393	DK BRN		
393	403	GRY BRN		
403	406	GRY WHT		
406	413	BRN GRY		
413	417	WHT BRN GRY		
417	422	BRN GRY		
422	423	LT BRN		
423	432	BRN GRY		
432	433	LT BRN GRY		
433	438	GRY		

use additional sheets as needed

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

☐ Domestic ☐ Municipal ☐ Commercial
☐ Livestock ☐ Public supply ☐ Monitoring
☐ Test well ☐ Irrigation ☐ Other _____ (explain)

Drill method

☐ rotary ☐ auger ☐ cable other _____

Hole size

____ inch from 0 ft to ____ ft
____ inch from ____ ft to ____ ft

hole size continued

____ inch from ____ ft to ____ ft
____ inch from ____ ft to ____ ft

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

Casing

Drive shoe (yes / no) Pitless adapter (yes / no)

Size (ID/OD)	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)

Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)

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: ☐ sand / gravel ☐ limestone ☐ sandstone

Main water-supply zone from _____ ft to _____ ft ☐ seepage well

Static water level _____ ft (below / above) GL; ☐ tape ☐ airline ☐ E-line ☐ estimate

Pumping water level _____ ft below GL; ☐ tape ☐ airline ☐ E-line ☐ estimate

At yield of _____ GPM; ☐ orifice ☐ volumetric ☐ estimate

Measurements taken at _____:_____ (AM / PM) Date ____/____/____

Water quality test? (yes / no)

Date tested ____/____/____

Tested by _____

Contractor _____

Address _____

Driller _____ Certification no. _____

white copy – **Iowa DNR, Geological Survey Bureau** blue copy – **Well Contractor** pink copy – **Customer** yellow copy – **County Health Officer**

58029

WELL RECORD 3 of 3

Permit No. _____

atural Resources Geological Survey Bureau
ail, Iowa City, IA 52242-1319 PH (319) 335-1575

Identification

Property Owner CITY OF HAWKEYE Well Number _____

Address _____

Tenant _____

Well Depth _____ ft Date completed ____/____/____

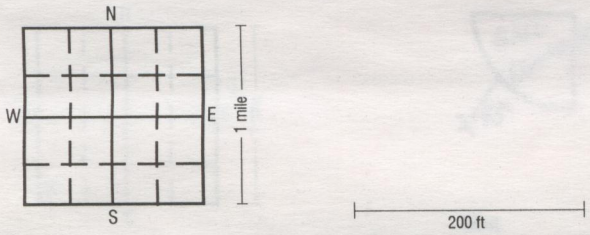
Location

County _____

____ mi. N/S and ____ mi. E/W 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 on property.



☐ upland ☐ hillside ☐ valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
438	453	DK BRN	HARD	LIMESTONE
453	454	BRN GRY		
454	455	GRY		
455	465	GRY BRN		
465	469	GRY		
469	476	DK BRN		
476	485	LT BRN LT GRY		QUARTZ

use additional sheets as needed

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

☐ Domestic ☐ Livestock ☐ Test well ☐ Municipal ☐ Public supply ☐ Irrigation ☐ Commercial ☐ Monitoring ☐ Other _____ (explain)

Drill method ☐ rotary ☐ auger ☐ cable other _____

Hole size

____ inch from 0 ft to ____ ft

____ inch from ____ ft to ____ ft

hole size continued

____ inch from ____ ft to ____ ft

____ inch from ____ ft to ____ ft

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

Casing

Drive shoe (yes / no) Pitless adapter (yes / no)

Size (ID/OD)	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) Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)

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: ☐ sand / gravel ☐ limestone ☐ sandstone

Main water-supply zone from _____ ft to _____ ft ☐ seepage well

Static water level _____ ft (below / above) GL; ☐ tape ☐ airline ☐ E-line ☐ estimate

Pumping water level _____ ft below GL; ☐ tape ☐ airline ☐ E-line ☐ estimate

At yield of _____ GPM; ☐ orifice ☐ volumetric ☐ estimate

Measurements taken at ____:____ (AM / PM) Date ____/____/____

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

Tested by _____

Contractor _____

Address _____

Driller _____ Certification no. _____

white copy – **Iowa DNR, Geological Survey Bureau** blue copy – **Well Contractor** pink copy – **Customer** yellow copy – **County Health Officer**