

10F2

WELL RECORD

64048

PWTS Permit No. _____

County Permit No. _____

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

PWTS Well No. _____

JAR NORTH WELL

Site identification

Property Owner SPARBOE FARMS OF IOWA Other ID _____
Address 3170 BUCHANAN AVE EAGLE SITE
Tenant SAME BOONE IA
Well Depth 485 ft Date completed 7/23/07

Location

County WRITANT

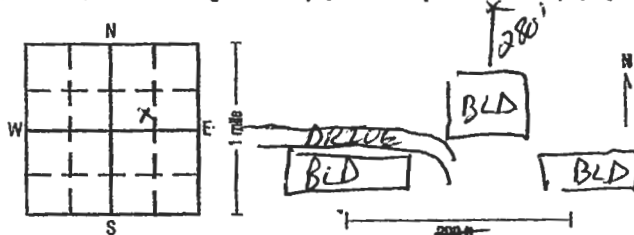
1/2 mi. ^N and 1/4 mi. ^E of intersection of C56 and BUCHANAN AVE
SE 1/4 of the SW 1/4 of the NE 1/4 of Sec. 28 TWP. 92 R. 26 E.

GPS Coordinates (NAD83 datum only) decimal degrees:

N. Latitude _____

W. Longitude _____

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



☒ Upland ☐ hillside ☐ valley ☐ level surface Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
0	2	BLK	SOFT	TOP SOIL
2	5	GRY	11	SANDY CLAY
5	16	BRN	11	11
16	18	MULT	11	SAND
18	42	GRY	11	SANDY CLAY
42	52	MULT	11	SAND
52	57	GRY	11	SANDY CLAY
57	63	MULT	11	SAND
63	147	GRY	11	SANDY CLAY
147	151	MULT	11	SAND
151	167	GRY	11	SANDY CLAY
167	168	BRN	11	11
168	172	GRY	11	CLAY
172	187	BRN	HARD	LIMESTONE

use additional sheets as needed

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

Well use

- ☐ Domestic
☒ Livestock
☐ Test well

- ☐ Heat pump
☐ Municipal
☒ Public supply
☐ Irrigation

- ☐ Commercial
☐ Monitoring
☐ Other

Drill method

☒ rotary

☐ auger

☐ cable

other _____

Hole size

11 1/2 inch from 0 ft to 184 ft
6 inch from 184 ft to 485 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) _____

Pileless adapter (yes/no) _____

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)
<u>6 1/4"</u>	<u>50R</u>	<u>72</u>	<u>184</u>	<u>186</u>
<u>4 1/2"</u>	<u>50R 26</u>	<u>185</u>	<u>485</u>	<u>300</u>

Perforated or slotted casing? (yes/no)

Perforated / slotted from 425 ft to 485 ft
Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes/no)

Placement method TRENTIE

Type	Depth top	Depth bottom	Amount (vol/wt)
<u>BENTONITE</u>	<u>0</u>	<u>176</u>	<u>18 BAGS SUGAR</u>
<u>HOPE PLUS</u>	<u>176</u>	<u>184</u>	<u>4 BAG</u>

Well screen? (yes/no)

Diameter	Slot size	Depth top	Depth bottom	Length	Material
	<u>0</u>				
	<u>0</u>				

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, drilled, bailed) for 24 hrs at 60 GPM

Pump installed? (yes/no)

Date 1 / 1 / _____

Installer's name MORTS WATER CO

Type of pump _____ Depth to intake _____ ft

Pump diameter _____ Rated capacity _____ GPM

Water information

Aquifer: ☐ sand / gravel ☒ limestone ☐ sandstone

Main water-supply zone from 400 ft to 475 ft ☐ seepage well

Static water level 59 ft (below/above) GL; ☒ tape ☐ airline ☐ E-line ☐ estimate

Pumping water level 160 ft below GL; ☐ tape ☐ airline ☐ E-line ☒ estimate

At yield of 60 GPM; ☐ orifice ☒ volumetric ☐ estimate for _____ hours

Measurements taken at 1: (AM/PM) Date 7/26/07

Water quality tests (yes/no)

Date tested _____ / _____ / _____

Tested by MORTS WELL CO.

Contractor

BOX 715

Address

KATIMER IA 50452

Driller

Certification no. 1887

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Tenant _____

Well Depth _____ ft Date completed 1/1/1

Location

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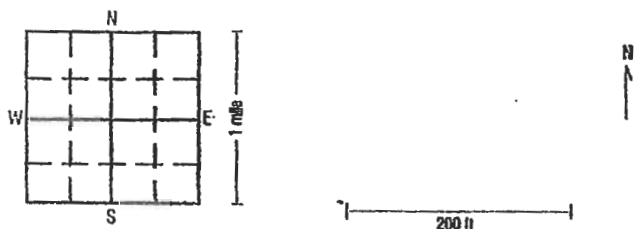
_____ mi. N and _____ mi. E of intersection of _____ and _____

_____ 1/4 of the _____ 1/4 of the _____ 1/4 of _____ Sec _____ TWP _____ RING _____ E _____ W _____

GPS Coordinates (NAD83 datum only) decimal degrees:

_____ N. Latitude _____ W. Longitude _____

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


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

Formation log

From	To	Color	Hardness	Formation description
187	200	GRY	MED	SHALE
200	207	GRY	HARD	"
207	215	BROWN GRAY	"	LIMESTONE
215	366	MED L GRAY	"	"
366	399	BROWN GRAY	"	"
399	404	MED BROWN	"	"
404	472	BROWN	"	"
472	478	MED BROWN	"	"
478	485	GRY	"	SHALE

use additional sheets as needed

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

Well use

- ☐
- Domestic
-
- ☐
- Livestock
-
- ☐
- Test well

- ☐
- Heat pump
-
- ☐
- Municipal
-
- ☐
- Public supply
-
- ☐
- Irrigation

- ☐
- Commercial
-
- ☐
- Monitoring
-
- ☐
- Other

Drill method

☐ rotary ☐ auger ☐ cable ☐ other _____

Hole size

_____ inch from _____ 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)

Pileless 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 ☐ sandstoneMain water-supply zone from _____ ft to _____ ft ☐ seepage wellStatic water level _____ ft (below / above) GL; ☐ tape ☐ airline ☐ E-line ☐ estimatePumping water level _____ ft below GL; ☐ tape ☐ airline ☐ E-line ☐ estimateAt yield of _____ GPM; ☐ orifice ☐ volumetric ☐ estimate for _____ hours

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

Water quality test? (yes/no)

Date tested _____ / _____ / _____

Tested by _____

Contractor _____

Address _____

Driller _____ Certification no. _____