

WELL RECORD FORM

GEOSAM Well No. (IGS use only): _____

PWTS No. or PWS No.: _____ PWTS Permit No.: _____

Site Identification

Property Owner: _____ Other ID: _____

Address: _____ City: _____

Tenant: _____

Well Depth: _____ ft Date Completed: _____

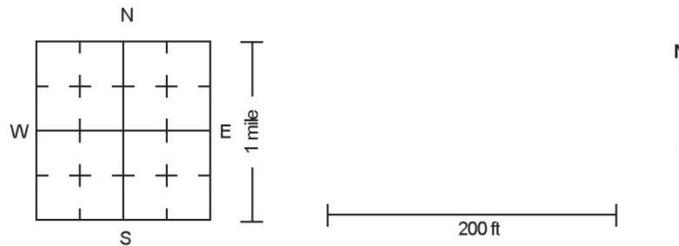
Location

GPS coordinates (NAD83 datum) Decimal Degrees Degrees, Decimal Minutes Degrees, Minutes, Seconds

_____ Latitude _____ Longitude

_____ ¼ of the _____ ¼ of the _____ ¼ of Sec _____ TWP _____ Rng _____ E W

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



Formation Log (use additional sheets as needed)

From	To	Color	Hardness	Formation Description

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

Well Use Commercial Domestic Irrigation Heat Pump (# of boreholes: _____)
 Livestock Monitoring Public Supply Other: _____

Drill Method Rotary Auger Cable Other: _____

Hole Size _____ inch from _____ 0 ft to _____ ft
 _____ inch from _____ ft to _____ ft
 _____ inch from _____ ft to _____ ft
 _____ inch from _____ ft to _____ ft

Casing, Screen and/or Loop Pipe (Record all depth measurements from ground level (GL). Use + for above GL measurements)

Size (in)	Material	Depth Top	Depth Bottom	Perforated	Slotted	Screen
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slot Size: _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slot Size: _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slot Size: _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slot Size: _____

Gravel packed
 Seals/packers
 Bottom Capped with: _____
 Amount: _____ Variety: _____
 Type: _____

Casing Grout

Placement method: _____

Type	Depth Top	Depth Bottom	Amount (vol/wt)

Pump Installation Date: _____ Depth to intake: _____ ft

Type of pump: _____

Pump diameter: _____ in Rated capacity: _____ GPM Final Yield: _____ GPM

Well Development and Water Information

Date: _____

Static Water Level _____ ft Yield _____ GPM

Pumping Water Level _____ ft Duration _____ hrs

Water level measurement: Sonic Tape Airline E-line Estimate

Water yield measurement: Orifice Volumetric Estimate

Main water-supply zone from _____ ft to _____ ft below GL

Well Development Explain: _____

Well Disinfection

System Water Volume: _____ gal/ft³ Chemical: _____

Chemical Concentration: _____ mg/L Contact _____
Time: _____

Certified Well Driller

Company: _____

Name: _____ Certification No. _____

Certified Pump Installer

Company: _____

Name: _____ Certification No. _____

Pursuant to 567 IAC 82.12, well record submittal is a requirement for all wells drilled in Iowa. Well logs can be submitted to the State via the following methods:

- Public Water Supply wells**
Email to: well.records@dnr.iowa.gov or,
Submit a paper copy mailed to: Well Records, 502 E 9th St, Des Moines IA 50319-0034
- For all remaining wells
Submit using one of the following options:
 - Submit electronically through the Private Well Tracking System (PWTS) database, or
 - Submit a paper copy to the respective count sanitarian (permitting authority)