

A	B	W
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JOHNSON COUNTY HEALTH DEPARTMENT
 1105 GILBERT COURT
 Iowa City, IA 52240
 Phone: (319)356-6040

Application/Permit #
 608

New # 02-16-351-011
 No Address

TITLE HOLDER: Scobee Construction GALLERY ACRES West

MAILING ADDRESS: P.O. Box 339, LISBON, IA 52253 PHONE: 455-2323

WELL LOCATIONS: JOHNSON COUNTY SUBDIVISION Gallery Acres LOT # 1
 (Add. Plat #23) Serves lots 2-15
 PROPOSED WELL(S)

Well #	Use	Estimated depth	Location
1			SW 1/4 of SW 1/4 of Section 16, T 81, R 6, West
2			1/4 of 1/4 of Section , T , R , West
3			1/4 of 1/4 of Section , T , R , West

EXISTING WELLS

Well #	Use	Depth	Date Constructed	Status	Location
1			/		1/4 of 1/4 of Sec. , T , R , W
2			/		1/4 of 1/4 of Sec. , T , R , W
3			/		1/4 of 1/4 of Sec. , T , R , W
4			/		1/4 of 1/4 of Sec. , T , R , W

DISTANCE OF NEW WELL TO:

Well #	Nearest Building	Septic Tank	Sewage Disposal Unit	Barnyard	Abandoned Well				Other Specify
					1	2	3	4	
1		100+	100+						
2									
3									

I-G WELFORM1

offered H2O sample 3/23/93

DEED HOLDER Schoff Construction

WELL PERMIT# 608

LEGAL DESCRIPTION OR ADDRESS Gallery Acres (Add. Plat #23)

DATE WELL INSTALLED 8/24/92

WELL DRILLER Rick Frice

WELL DEPTH 440

PUMP INSTALLER _____

STATIC WATER LEVEL 20'

1. Type of Well

- a. Drilled Finished in Sand _____ In rock Gravel Packed _____
 - b. Driven _____ Drive Pipe Diameter _____ in. Depth _____ ft.
 - c. Dug _____ Bored _____ Hole Diam. _____ in. Curb Material _____
- Buried Slab? Yes _____ No _____

2. Casing and Liner Pipe:

Diameter (in.)	Kind and Weight	From (ft.)	To (ft.)
8"	.322 Steel	12' 270'	270'
6"	.280 Steel	380'	440'

3. Grout:

Type	From (ft.)	To (ft.)	Thickness (in.)
Cement	0	270	2"

4. Wellscreen: Make _____ Material _____ Slot _____ Length _____

5. Pump: Date Installed / / Make _____ Type _____
 Capacity 60 gpm Depth of Setting _____ Type of Drop Pipe _____
 Pump Location 400'

6. Type of Wellcap Installed: Baker Vent _____ Yes No _____

7. Pitless Adaptor Installed? yes Manufacturer Baker pitless Model # 8"

8. Was Well Disinfected? yes Were Pump and Equipment Disinfected? _____

9. Geologic Information Clay to 67' limestone down to 400'
440 shale & limestone

 ALL DISINFECTION SHALL BE ACCOMPLISHED SIMULTANEOUSLY THROUGHOUT THE SYSTEM BY THE DRILLER

I CERTIFY THAT THIS NEW WELL FOR HUMAN CONSUMPTION DOES AT LEAST MEET THE MINIMUM REQUIREMENTS AS REQUIRED BY THE CURRENT JOHNSON COUNTY BOARD OF HEALTH REGULATIONS.

Date 12/7/92 Signature Rick Frice

Individual or Firm Rick Frice
(Please Print or Type)

Mail completed form within 10 days of completion of the well to:

Johnson County Health Dept., 1105 Gilbert Ct., Iowa City, IA 52240

