

Site identification
 Property Owner MAWOOD PARK HOME ASSC. OWNER Well Number _____
 Address 5319 CARLISLE DR CLEAR LAKE
 Tenant SAME IA
 Well Depth 285 ft Date completed 11/21/03

Location County CERRO GORDO
 mi. N and 1/2 mi. E of intersection of ASH and LAKELINE
SE 1/4 of the SW 1/4 of the SW 1/4 of Sec 23 TWP 96 RNG 22
 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
0	1	BLK	SOFT	SOIL
1	22	BWN	"	SANDY CLAY
22	41	GRY	"	"
41	45	MULT	"	"
45	61	GRY	"	"
61	64	BRN	"	CLAY
64	115	LT. MED GRY	"	SANDY CLAY
115	120	BWN	"	"
120	127	BWN	"	"
127	137	BWN	HARD	LIMESTONE
137	148	GRY	MED	SAND + CLAY
148	163	BRN BWN	MED	LIMESTONE + SAND
163	192	GRY	MED	CLAY + SAND
192	197	BRN	HARD	LIMESTONE
197	230	BWN	"	"
230	239	BWN GRY	"	"
239	240	LT BWN	"	SANDSTONE

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
 12 1/4 inch from 0 ft to 197 ft
 7 3/4 inch from 197 ft to 285 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)
 8" .322 PE + 2 197 197

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
 Type Depth Top Depth bottom Amount (vol/wt)
BENSEAC 0 197 23 BAGS

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 8 hrs at 70 GPM.

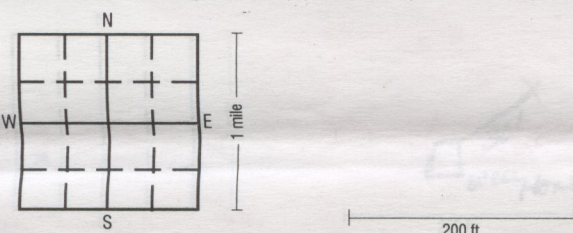
Pump installed? (yes/no) Date ____/____/____
 Installer's name _____
 Type of pump _____ Depth to intake _____ ft
 Pump diameter _____ Rated capacity _____ GPM

Water information Aquifer: sand / gravel limestone sandstone
 Main water-supply zone from 273 ft to 285 ft seepage well
 Static water level 68 ft (below/above) GL; tape airline E-line estimate
 Pumping water level 140 ft below GL; tape airline E-line estimate
 At yield of 50 GPM; orifice volumetric estimate
 Measurements taken at 5:00 (AM/PM) Date 11/21/03

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

Contractor MORT'S WELL CO.
BOX 715
J. LATIMER IA 50452 Certification no. 40521

Site identification
Property Owner Oakwood Park Well Number _____
Address Home Owners Assc.
Tenant _____
Well Depth _____ ft Date completed ____/____/____

Location County _____
____ mi. ^N and ____ mi. ^E 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
240	242	BEW	HARD	LIMESTONE
242	260	MED BT BEW		
260	273	BEW		
273	276	BEW		
276	285	BEW		

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 _____ 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 **MORT'S WELL CO.**
Address **BOX 715**
Driller **LATIMER IA 50452**