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

WELL RECORD 63045

Permit No. _____

Site identification

Property Owner Rabiner Bros Ranch Well Number _____
Address 1767 Johnson Ave
Tenant Fort Dodge, IA 50501
Well Depth 620' ft Date completed 10/3/03

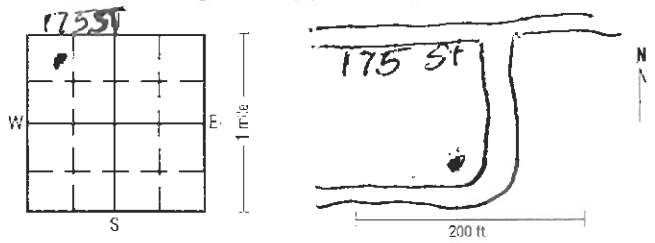
Location

42.53533 N County Webster

_____ 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.



X upland ☐ hillside ☐ valley Elevation (if known) 1121

Formation log

From	To	Color	Hardness	Formation description
0	3	BLK	soft	Fill dirt
3	6	"	"	Top soil
6	12	BRN	"	sand (dirty)
12	16	yell	"	Till
16	26	LT BRN	"	Sand (med)
26	31	YEL/GRAY	"	till mixed
31	54	yel	"	till
54	56	GRY	"	till
56	57	GRY	"	SAND (course)
57	90	GRY	med	shale
90	116	BLK	"	shale
116	119	TAN	med	SS (Fine)
119	128	DK GRY	"	shale
128	132	wht	"	shale
132	136	wht	hard	Limestone (weathered)
136	141	LT GRY	med	shale
141	153	DK BRN	hard	Limestone
153	154	wht	med	Shale

Use additional sheets if needed.

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

Well use

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

Drill method

X rotary ☐ auger ☐ cable other _____

Hole size

18 inch from 0 ft to 42 ft
14¾ inch from 42 ft to 223 ft

hole size continued
8 inch from 223 ft to 620 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)
16" OD	sch 40	+2	42	TEMPORARY
8"	"	6'	223	217

Perforated or slotted casing? (yes / no)

Perforated / slotted from _____ ft to _____ ft
Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes / no)

Placement method grout shoe

Type	Depth Top	Depth bottom	Amount (vol/wt)
1	C	223	250 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 2 hrs at 90 GPM. Estimated

Pump installed? (yes / no)

Date 11/24/03
Installer's name R&R Well Co Inc
Type of pump Goulds 7GL10 Depth to intake 250 ft
Pump diameter 6" Rated capacity 80 GPM

Water information

Aquifer: ☐ sand / gravel X limestone ☐ sandstone
Main water-supply zone from 250 ft to 610 ft ☐ seepage well
Static water level 86.5 ft (below / above) GL; X tape ☐ airline X E-line ☐ estimate
Pumping water level 236 ft below GL; ☐ tape ☐ airline X E-line ☐ estimate
At yield of 90 GPM; X orifice ☐ volumetric ☐ estimate, 2½" orifice
Measurements taken at _____ : _____ (AM / PM) Date 11/25/03

Water quality test? (yes / no)

Date tested 12/11/03
Tested by Mangold Enviromental Testing Storm Lake

Contractor

Contractor R&R Well Co Inc
Address 3133 Madison Ave
Driller Lynn Rosengrist Certification no. 4824

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

297971-DQ

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WELL RECORD

Permit No. ______________

Site identification

Property Owner ______________________ 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.

N
W E 1 mile
S
N
200 ft

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

Formation log

From	To	Color	Hardness	Formation description
154	155	Brn	hard	Limestone
155	164	wht	"	"
164	178	Brn	"	"
178	185	wht	"	"
185	196	Grn	soft	shale
196	200	Lt Tan	hard	Limestone
200	203	wht	"	"
203	212	Lt grn white	med	shale (streaks of mudstone)
212	214	wht	hard	Limestone
214	217	Lt gry	med	Shale
217	220	Lt tan	hard	Limestone
220	250	wht	"	" 10 gpm
250	283	wht	med	Limestone (grainy)
283	335	wht	hard	"
335	362	Brn	"	" 30 gpm
362	372	Brn	Med	Limestone (voided calcite layers) crevicey
372	385	Lt Brn	hard	"
385	387	Lt Brn	"	" (crevicy)

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. ________

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WELL RECORD

Permit No. _____

Site identification

Property Owner _____ Well Number _____

Address _____

Tenant _____

Well Depth _____ ft Date completed ____ / ____ / ____

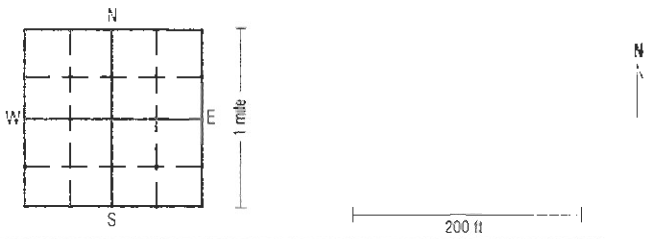
Location

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
387	396	BRN	HARD	Limestone
396	415	GRY	"	"
415	425	BRN	"	"
425	435	GRY	"	"
435	450	BRN	Med	Limestone (15 gpm)
450	500	GRY	HARD	"
500	510	Lt GRY	Med	Limestone BLK specks 12 gpm
510	515	Lt GRY	HARD	"
515	520	Lt GRY	Med	Limestone (shaley)
520	530	Lt GRN GRY	Med	"
530	565	GRY	HARD	Limestone
565	595	Lt BRN	"	"
595	603	WHT	"	" 25 gpm
603	610	WHT	Med	Limestone (GRAVEL)
610	620	WHT	HARD	"

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**

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