

WELL RECORD FORM

PWSID# or PWTS No. _____	PWTS Permit No. _____	GeoSam WNumber (IGS use only) _____
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Site Identification

Property owner _____ Other ID _____

Address _____ City _____

Tenant _____

Well depth _____ ft Date completed ____/____/____

Drill Method Rotary Auger Cable Other _____

Hole size

_____ inch from _____ ft to _____ ft	hole size continued
_____ inch from _____ ft to _____ ft	_____ inch from _____ ft to _____ ft

Location County _____

GPS coordinates (NAD83 datum)

_____ Latitude _____ Longitude

Decimal Degrees Degrees, Decimal Minutes Degrees, Minutes, Seconds

_____ 1/4 of the _____ 1/4 of the _____ 1/4 of Sec _____ TWP _____ RNG _____ 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

Casing, Screen and/or Loop Pipe

Record all depth measurements from ground level (GL). Use + for above GL measurements.

Size (in)	Material	Depth Top(ft)	Depth Bottom(ft)	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 _____
				amount _____ variety _____		
<input type="checkbox"/> Gravel packed						
<input type="checkbox"/> Seals/packers				type _____		
<input type="checkbox"/> Bottom capped with _____						

Formation Log

From	To	Color	Hardness	Formation description

(use additional sheets as needed)

Casing Grout Placement method _____

Type	Depth Top	Depth Bottom	Amount (vol/wt)

Pump Installation Date ____/____/____ Depth to intake _____ ft

Type of pump _____ Rated capacity _____ GPM

Pump diameter _____ in Final Yield _____ GPM

Well Development and Water Information Date ____/____/____

Static Water Level	Pumping Water Level	Yield	Duration
_____ ft	_____ ft	_____ GPM	_____ 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 _____ hrs

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

Certified Well Driller

Company _____

Name _____ Certification no. _____

Certified Pump Installer

Company _____

Name _____ Certification no. _____

Well Use

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public supply	<input type="checkbox"/> Livestock
<input type="checkbox"/> Heat pump	<input type="checkbox"/> Commercial	<input type="checkbox"/> Irrigation
# of borehole(s) _____	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Other _____

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:

1) *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

2) *For all remaining wells*

Submit using one of the following options -

a. Submit electronically through the Private Well Tracking System (PWTS) database, or

b. Submit a paper copy to the respective county sanitarian (permitting authority)