

County Permit No. 2309

Site Identification		Drill method ☒ rotary ☐ auger ☐ cable other _____	
Property Owner <u>CURT STARNES</u> Other ID _____		Hole size 10 inch from 0 ft to 40 ft 8 inch from 40 ft to 133 ft	
Address <u>1441 BAKER AVE. WEST BRANCH, IA.</u>		hole size continued 6 inch from 33 ft to 225 ft	
Tenant _____			
Well Depth <u>225</u> ft Date completed <u>3 / 30 / 2010</u>		Record all depth measurements from ground level (GL). Use (+) for above GL measurements	
Location County <u>CEDAR</u>		Casing Drive shoe (yes/no) ☒ Pinloss adapter (yes/no) ☒	
_____ mi N and _____ mi E of intersection of _____ and _____ _____ 1/4 of the _____ 1/4 of the _____ 1/4 of the _____ Sec _____ TWP _____ RANG _____ E W		Size (ID/OD) Type / Wt Depth top Depth bottom Amount (length)	
GPS Coordinates (NAD83 datum only) decimal degrees: <u>41.7391815</u> N. Latitude <u>-91.354187</u> W. Longitude.		<u>6-6 1/2 SDRZ PVC</u> +1 133' 134'	
Show exact location of well in section grid with a dot (•). Sketch map of well location on property.		Perforated or slotted casing? (yes/no) ☒	
		Perforated / slotted from _____ ft to _____ ft	
		Perforated / slotted from _____ ft to _____ ft	
Casing grouted? (yes/no) ☒ Placement method <u>TREMIE</u>		Type Depth top Depth bottom Amount (vol/wt)	
Bentonite clay		0 40 3 BAGS	
Formation log		Well screen? (yes/no) ☒	
From	To	Color	Hardness
0	20	yellow	clay
20	120	grey	clay
120	130	grey	shale & limestone
130	140	Brown	limestone
140	225	tan	limestone
use additional sheets as needed		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 _____	
Remarks (including depth of lost drilling fluids, materials, or tools)		Well developed? (yes/no) ☒	
		Explain _____	
		(pumped, ☒ fitted, bailed) for <u>1</u> hrs at <u>20</u> GPM	
		Pump installed? (yes/no) ☒ Date <u>4 / 22 / 10</u>	
		Installer's name <u>Wayne E Smith & Son</u>	
		Type of pump <u>SUB</u> Depth to intake <u>160</u> ft	
		Pump diameter <u>4"</u> Rated capacity <u>18</u> GPM	
		Water information Aquifer: ☐ sand / gravel ☒ limestone ☐ sandstone	
		Main water-supply zone from <u>160</u> ft to <u>225</u> ft ☐ seepage well	
		Static water level <u>68</u> ft (☒ below / ☐ above) GL; ☐ tape ☐ airline ☒ E-line ☐ estimate	
		Pumping water level <u>100</u> ft below GL; ☐ tape ☐ airline ☐ E-line ☒ estimate	
		At yield of <u>18</u> GPM, ☐ orifice ☐ volumetric ☒ estimate for <u>1</u> hours	
		Measurements taken at <u>12:00</u> (AM ☒ PM) Date <u>4 / 22 / 10</u>	
		Water quality test? (yes/no) ☒ Date tested ____ / ____ / ____	
		Tested by _____	
Well use		Contractor <u>WAYNE E. SMITH & SON</u>	
☒ Domestic		Address <u>P.O. BOX 195 WEST LEBANON, OH 45776</u>	
☐ Livestock		Driller <u>[Signature]</u> Certification no <u>5189</u>	
☐ Test well			
☐ Heat pump			
☐ Municipal			
☐ Public supply			
☐ Irrigation			
☐ Commercial			
☐ Monitoring			
☐ Other _____			

CEDAR COUNTY BOARD OF HEALTH
CEDAR COUNTY COURTHOUSE
TIPTON, IOWA 52772
(319) 886-2248

DNR Well # 2145105

APPLICATION FOR NEW WELL CONSTRUCTION PERMIT #

2309

Name of Applicant CURT & JILL STARNES

DNR Permit # 31532
Date 10-22-09

Mailing Address 2671 A NORTH GREENVIEW AVE Phone # 773-296-2944
CHICAGO, ILL. 60614

911 Address of Site 1441 BAKER AVE WEST BRANCH Zip Code 52358

Location NW 1/4, NE 1/4, Sec. 18, T-80 N, R-4 W, Twp. GOWER

Use of Proposed Well: DOMESTIC (OL) 41.73918°N - 91.35419°W 3/4ac

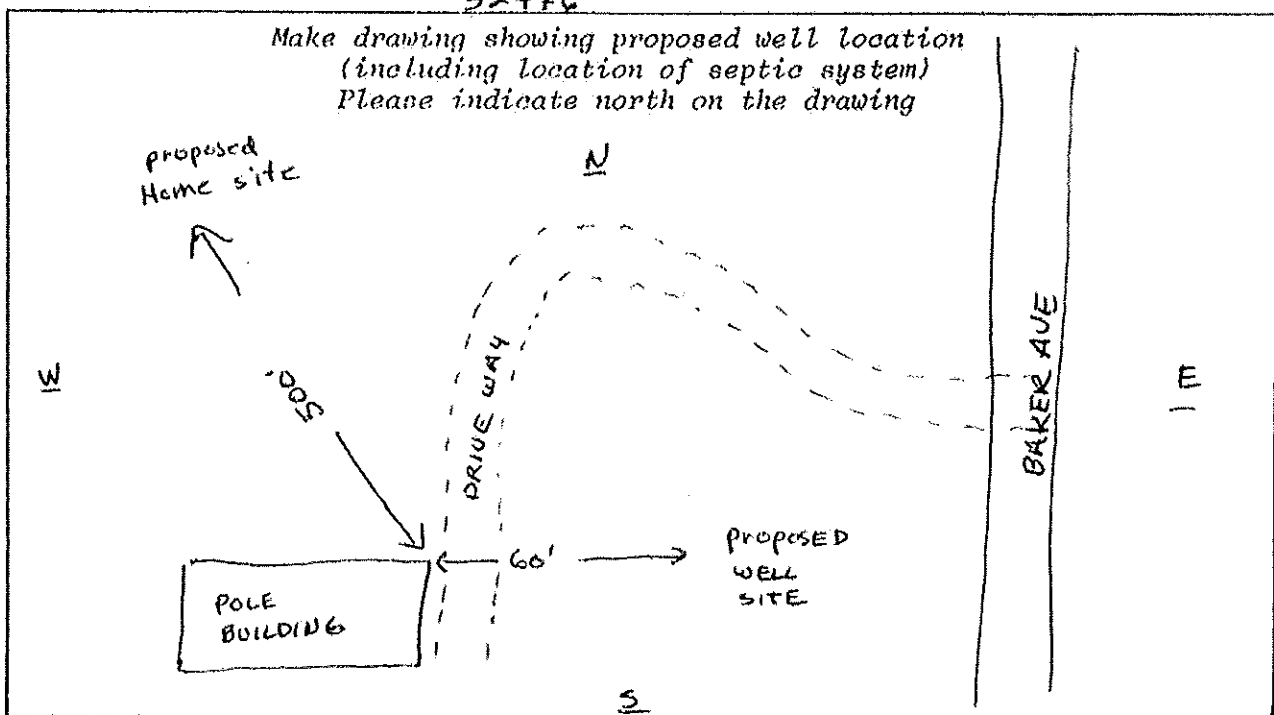
Any Existing Well(s) At This Address? Yes ☒ No

WELL DRILLER WAYNE E. SMITH & SON

PLUMBER WAYNE E. SMITH & SON

ADDRESS P.O. Box 195 WEST LIBERTY, IA
52776

ADDRESS P.O. Box 195 WEST LIBERTY, IA 52776



New Well Distances From The Following:

Septic Tank 100' + Drain Field 100' + Feed Lots DOESN'T APPLY

Old Wells DOESN'T APPLY Other Sources of Pollution _____

Old Well To Be Abandoned Yes No

If no, explain use of old well. If yes, please specify well contractor and abandonment procedure. NEW BUILDING SITE

I certify the above information is true and correct to the best of my knowledge, and that I will furnish additional information to the department as may be requested.

Make photo:
well contractor, customer, and county health de

IOWA DEPARTMENT OF NATURAL RESOURCES
Private Water Well Construction Permit

Well Owner: **Curtis Starnes**

PWTS Permit Number: **44846**

County Permit Number: **05-15**

Expires: **06/08/2016**

Permit issued to:

Curtis Starnes

1441 Baker Avenue

West Branch, IA 52358

Permittee is authorized to construct the new well(s) at the location specified below:

Well #	County	Address	City	Latitude	Longitude	PLS
2182136	16			41.7401313	-91.355651	Sec 18, T 80, R 4W

This authorization to construct a water well has been granted pursuant to the provisions of Part 4 of Division III of Chapter 455B, Code of Iowa, and Chapter 38, Part 567, Iowa Administrative Code, and is further subject to the general permit conditions within this permit.

The well capacity stated on the well construction application form for this well indicates that well user requires a maximum daily well capacity of up to:

28800 Gallons Per
Day

This is not a water withdrawal permit. Therefore, applicants who may need to withdraw more than 25,000 gallons in any one day from a source or combination of sources must make a separate application to the Department for a water withdrawal permit in accordance with the provisions of Part 4 of Division III of Chapter 455B, Code of Iowa, and Chapter 50, 51, and 52 of Part 567, Iowa Administrative Code.

Permittee is advised that the authority to construct a water well provided by this permit may be modified, canceled or suspended in case of any breach of the terms or condition herein, in case of any violation of state law pertaining to the permit, or if found necessary to prevent substantial injury to private or public interests.

Permittee is advised that all wells authorized in this permit, except temporary dewatering wells, must be constructed in accordance with the construction standards of Chapter 49, Part 567, Iowa Administrative Code, and by a certified water well contractor as provided in Chapter 82.2, Part 567, Iowa Administrative Code.

The construction of the well(s) shall be initiated within one year of issuance of this permit or this permit is no longer valid.

For the Director:

By: _____

Date Executed: **06/08/2015**

CEDAR COUNTY BOARD OF HEALTH

PERMIT

This permit expires one year from 6/8/15 DATE

Permit No. 05-15 Fee \$ 125.00

This certifies that Curtis Starnes has completed application with Cedar County Board of Health for the new construction or reconstruction of a water well located at

1441 Baker Ave., West Branch, WA 52358

and has paid the required fee.

The completion report must be in the possession of the inspecting health department official at time of final inspection. A completed well log shall be submitted within 30 days after the well is completed.

For final inspection call 886-2248, Tipton.

Failure to make application and obtain permit for new water well construction constitutes a violation of Cedar County Ordinance No. 27, Nonpublic Water Wells, Section B and IAC 567-49.4 (455B).

INSPECTING OFFICIAL

DATE

THIS PERMIT IS NOT TRANSFERABLE!

Cedar Co. Courthouse
Tipton, IA 52772
(563) 886-2248

Date 6/8 20 15

Name Harmon Smith & Son

Address 1499 Central Avenue

SOLD BY	CASH	CHECK		RECEIVED
			DESCRIPTION	AMOUNT
			Milk Permit # 15-15	\$ 125.00
			TAX	
			TOTAL	\$ 125.00

000623

Rec'd by _____

PRINTED IN U.S.A.

CEDAR COUNTY HEALTH DEPARTMENT

NEW WELL LOG SHEET

WELL PERMIT # 2309

This sheet should be completed by the well driller and/or the plumber constructing the new well and returned within 30 days after well construction.

Name of Property Owner CURT STARNES Address 1441 BAKER AVE WEST BIA

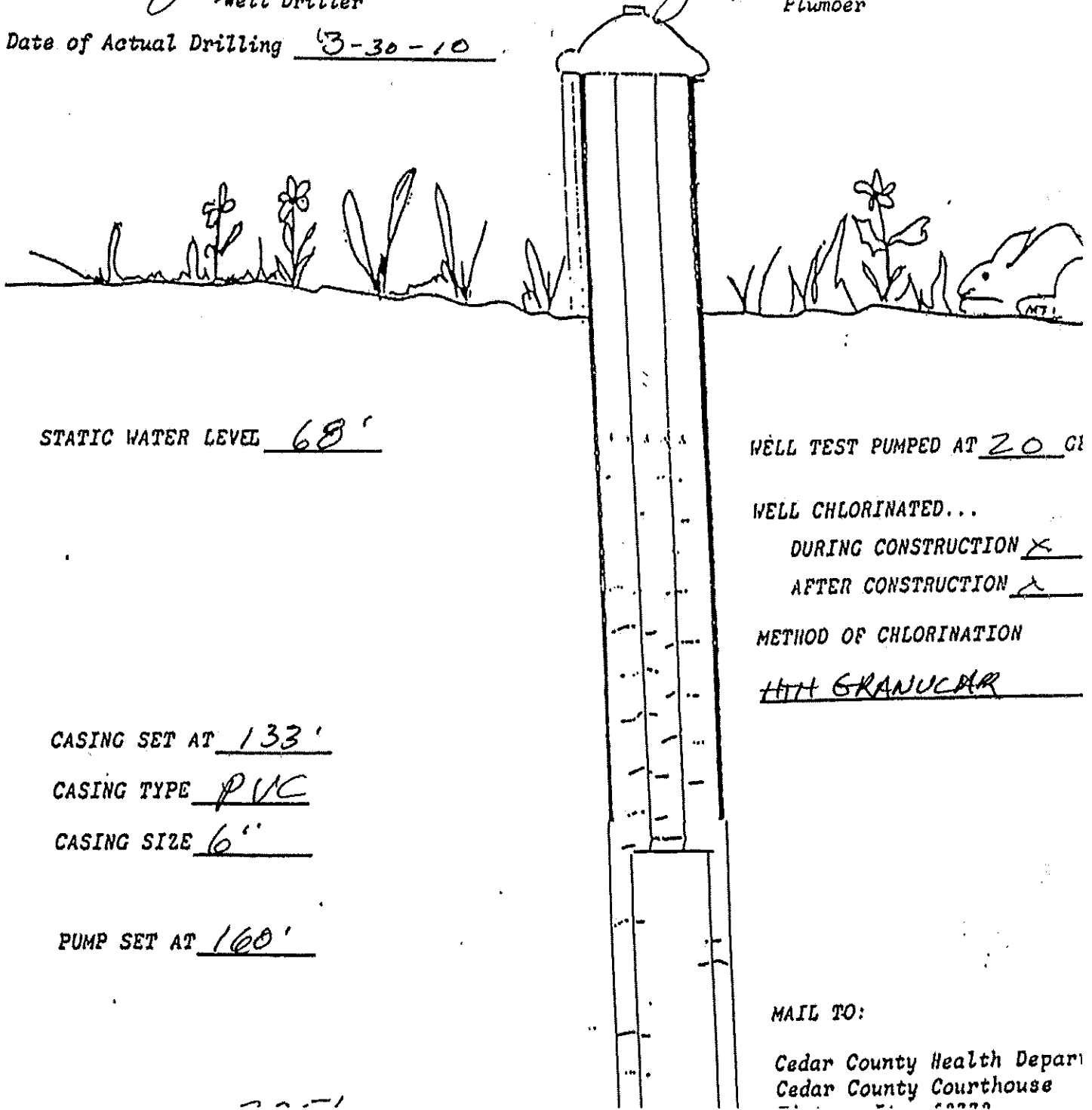
Well Driller WAYNE E. SMITH & SON Plumbing Firm WAYNE E. SMITH & SON

ID #: 5189

Signed: [Signature]
Well Driller

Signed: [Signature]
Plumber

Date of Actual Drilling 3-30-10



STATIC WATER LEVEL 68'

WELL TEST PUMPED AT 20 G

WELL CHLORINATED...

DURING CONSTRUCTION X

AFTER CONSTRUCTION ✓

METHOD OF CHLORINATION

HIT GRANULAR

CASING SET AT 133'

CASING TYPE PVC

CASING SIZE 6"

PUMP SET AT 160'

MAIL TO:

Cedar County Health Depart
Cedar County Courthouse

IOWA DEPARTMENT OF NATURAL RESOURCES
Private Water Well Construction Permit

Well Owner: **Curt Starnes**

PWTS Permit Number: **31532**

County Permit Number: **2309**

Expires: **10/27/2010**

Permit issued to:

Curt Starnes

1441 Baker Avenue

West Branch, IA 52358

Permittee is authorized to construct the new well(s) at the location specified below:

Well #	County	Address	City	Latitude	Longitude	PLS
2145105	16			41.7391815	-91.354187	NW SE SW NW NE Sec 18, T 80, R 4W

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The construction of the well(s) shall be initiated within one year of issuance of this permit or this permit is no longer valid.

For the Director:

By: _____

Date Executed: **10/27/2009**

CEDAR COUNTY BOARD OF HEALTH

PERMIT

This permit expires one year from 10/27/09
DATE

Permit No. 2309 Fee \$ 100.00

This certifies that Curt & Jill Starnes has completed application with Cedar County Board of Health for the new construction or reconstruction of a water well located at

1441 Baker Avenue, West Branch, IA

and has paid the required fee.

The completion report must be in the possession of the inspecting health department official at time of final inspection. A completed well log shall be submitted within 30 days after the well is completed.

For final inspection call 886-2248, Tipton.

Failure to make application and obtain permit for new water well construction constitutes a violation of Cedar County Ordinance No. 27, Nonpublic Water Wells, Section B and IAC 567--49.4 (455B).

INSPECTING OFFICIAL

DATE

THIS PERMIT IS NOT TRANSFERABLE!

Cedar Co. Courthouse
Tipton, IA 52772
(319) 886-2248

Name Wayne Smith & Son
Address (for Curt & Jill Starnes)

All claims and returned goods MUST be accompanied by this bill.

Rec'd by _____

