## SHEKAR ENGINEERING, PLC

PO Box 3625, Des Moines, IA 50322 Phone: 515-334-5062, FAX: 515-334-5052

August 7, 2002

CON 12-15 Doc #13891

Mr. Joe Pille IDNR UST Section Wallace State Office Building Des Moines, IA 50319

RE:

Plugging of on-site monitoring wells at:

Former Wagner Auto site, 5815 West Lincoln Way, Ames, Iowa.

UST Registration No. 8607192, LUST No. 7LTO47.

Dear Mr. Pille:

In a letter dated May 16, 2002 the Iowa Department of Natural Resources (IDNR) assigned 'No Action Required' site classification and required plugging of all monitoring wells. Also, in a letter dated November 29, 2001 the IDNR Contaminated Sites section required plugging all monitoring wells. Per IDNR requirement, SE personnel plugged on-site monitoring wells on July 6, 2002 in accordance with the IDNR well plugging guidelines.

Enclosed please find completed IDNR Well Plugging Records (DNR Form 542-1226) of all plugged wells. Also attached is the legal description of the property. Please review the attached documents and issue a 'No Action Required' certificate to the site.

Should you have any questions, or need additional information, please feel free to call Mr. Chandra Shekar at 515-334-5062.

Sincerely,

Mr. Chandra Shekar, P.E.

cc: Mr. Jim Wagner, 3333 Kingman Road, Ames, IA 50014.

Mr. Don Nolting, Story County Health Dept., Courthouse, Nevada, IA 50201.

Mr. Neil Searcy, GAB Robins, 2600 72<sup>nd</sup> Street, Des Moines, IA 50322.

Mr. Daniel Cook, IDNR, Contaminated Sites section, Des Moines, IA 50319.

# DATE STAMP

DEPT. OF WATURES AANUTAM

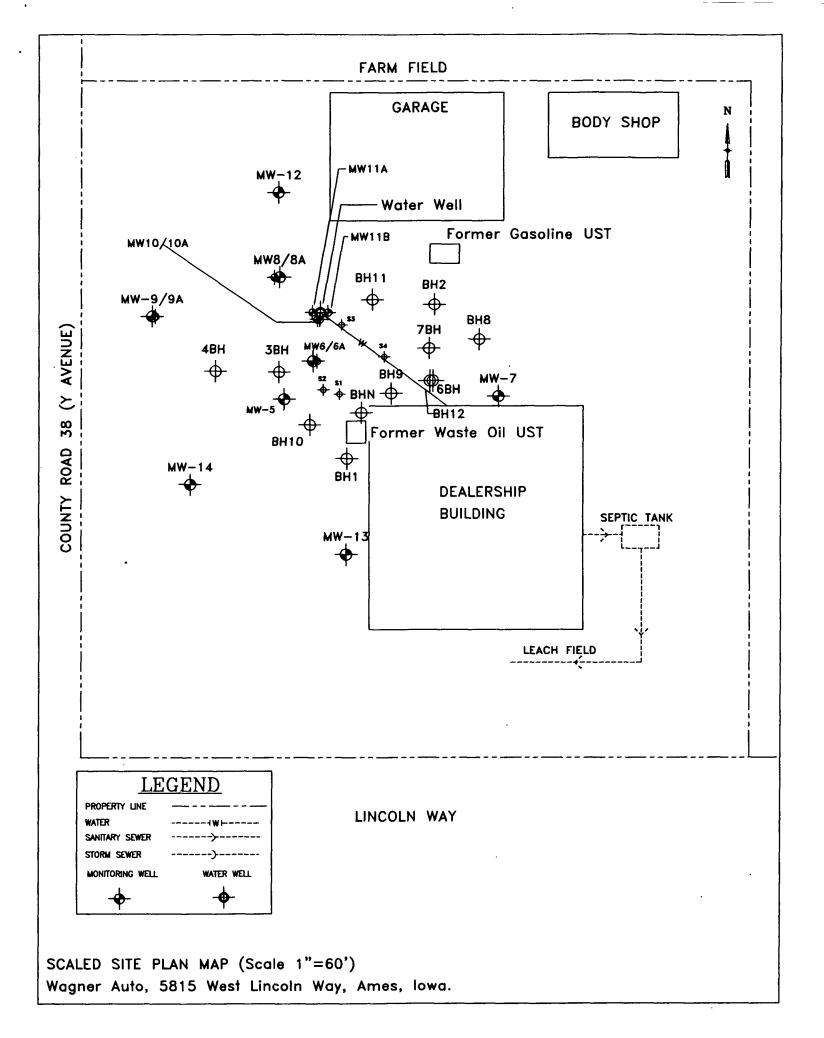
2003 SEP -6 P 4: 02

#### **LEGAL DESCRIPTION OF**

5815 West Lincoln Way, Ames, Iowa.

Lot 30, except the south 20' thereof and lot 31, except the south 20' thereof, and lot 32 and 57, all in crestview acres, story county, lowa.

According to Book 206 and Page 90 of the Story County Recorder's Office. Land Owners are: Richard and Flora Tyler



## **Abandoned Water Well Plugging Record**

1. Owner:	
Name: Mr. Jim Wagner Cit	y: Ames State: IA
Address: 3333 Kingman Road Zip	: 50014 Phone: 515-292-6725
2. Well (Cistern) Location:	
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section	6 Two 83 N Range 24 West
	e well location on property:  On-site monitoring
well. A map indicating the approximate location of the	
3. Description:	
Well depth: (ft) 10.0 Casing material:	
Depth to water: (ft) 3.59	(circle one) tion: (drilled) driven, bored, dug, augered
Casing diameter: (inches) 2 Type of constructory. Cr decade constructory. 1991	(circle one)
	s a Monitoring Well Well ID.: MW-5
Check ☐ if Cistern depth: ft	. diameter: ft.
I certify this well has been plugged as required by ru	le 567-39.8 of the Iowa Administrative Code (IAC).
agree to provide any additional information the coun	
Signature of Owner:	Date Plugged: 7/6/2002
Mr. Oin Wagner	
$\mathcal{O}$	
If plugged by certified well contractor, complete this I	oox:
I have plugged this well as required by rule 567-39.8	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4
Signature of Contractor:	Cert. No 40518
Mr. Joe Johnson	
OR, If plugged by well owner, complete this box:	wing requirements in rule 567-39.8 of the lowa
Administrative Code with the oversight and assistant	
Signature of County Agent: NA	Date Approved: NA
Eligible for Grants-to-Counties cost share: YES	NO (Determined by County Agent)
Complete one form for each well plugged and	1
submit within 30 days to the local county agent:	or, only if no county agent is available, to:
	Water Supply Section Department of Natural Resources
	900 East Grand Avenue
	Des Moines, IA 50319-0034
DNR FORM (REV 12/95)	542-1226

## **Abandoned Water Well Plugging Record**

1. Owner:				
Name: Mr. Jim Wagner City	y: Ames State: IA			
Address: 3333 Kingman Road Zip	: 50014 Phone: 515-292-6725			
2. Well (Cistern) Location:				
NW_1/4 of, SW_1/4 of, SW_1/4 of, Section	6 , Twp. 83 N, Range 24 West			
<del></del>	e well location on property: On-site monitoring			
well. A map indicating the approximate location of the	e monitoring well is attached for reference.			
3. Description:				
Well depth: (ft) 15.0 Casing material: Depth to water: (ft) 3.57	steel, plastic, concrete, clay, brick, stone (circle one)			
Casing diameter: (inches) 2 Type of construction				
Yr. Or decade constrd.: 1993	(Circle one)			
Depth of casing: (ft) 4.0 Check if this i				
Check if Cistem depth: ft	. diameter: ft.			
	le 567-39.8 of the Iowa Administrative Code (IAC).			
agree to provide any additional information the count	ty or department may need concerning this well.			
Signature of Owner: Mr. Jim Wagner	Date Plugged:7/6/2002			
Wil. Sill VVagrier				
If alwayed by portified well controller complete this have				
If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).				
$\wedge$ $\wedge$ $\wedge$	1			
Signature of Contractor: Cert. No. 40518				
Mr. Joel Johnson				
OR, If plugged by well owner, complete this box:				
The property owner has plugged this well follow	wing requirements in rule 567-39.8 of the lowa			
Administrative Code with the oversight and assistance of the designated county agent.				
Signature of County Agent: NA	Date Approved: NA			
Eligible for Grants-to-Counties cost share: YES	NO (Determined by County Agent)			
Complete one form for each well plugged and	1			
submit within 30 days to the local county agent:	or, only if no county agent is available, to:			
	Water Supply Section Department of Natural Resources			
	900 East Grand Avenue			
DNR FORM (REV 12/95)	Des Moines, IA 50319-0034 542-1226			
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1. Owner:				
Name: Mr. Jim Wagner	City:	Ames		State: IA
Address: 3333 Kingman Road	Zip:	50014	Phone:	515-292-6725
2. Well (Cistern) Location:		- 00		04 W
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section			<del>_</del>	
		Il location on p	• •	On-site monitoring
well. A map indicating the approximate location	of the m	onitoring well	is attached fo	r reference.
3. Description:				
Well depth: (ft)12.0Casing mateDepth to water: (ft)3.55Casing diameter: (inches)2Type of consYr. Or decade constrd.:2001Depth of casing: (ft)2.0Check ☑ if the construction of the constr	struction:	drilled, (circle	e one) driven, bore one)	clay, brick, stone d, dug, augured Well ID.: <u>MW-6A</u>
Check ☐ if Cistem depth:	ft.	diameter:	ft	
I certify this well has been plugged as required to agree to provide any additional information the control of				
Signature of Owner: Mr. Jim Wagne			_Date Plugge	ed: 7/6/2002
IVII. JIII VVagne	ſ			
If plugged by certified well contractor, complete t	hic hav:			
I have plugged this well as required by rule 567-		ne Iowa Admir	istrative Cod	e (IAC).
Signature of Contractor:  Mr. Joel Johnson	) bu	۲	Cert. No	40518
OR, If plugged by well owner, complete this box:	J			
The property owner has plugged this well Administrative Code with the oversight and assist	following			
Signature of County Agent:	NA		Date Appro	ved: <u>NA</u>
Eligible for Grants-to-Counties cost share:	ES 🗌 I	VO (Determin	ned by County	y Agent)
Complete one form for each well plugged submit within 30 days to the local county agent:	or	, only if no cou		available, to:
		ater Supply S		NUTCA C
		epartment of 0 East Grand		uices
		es Moines, IA		
DNR FORM (REV 12/95)				542-1226

1. Owner:				
Name: Mr. Jim Wagner City:	Ames	State: IA		
Address: 3333 Kingman Road Zip:	Phone:	515-292-6725		
2. Well (Cistern) Location:				
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6	_ , Twp. <u>83</u> N, Range	e <u>24</u> West		
Story County, Describe we	ell location on property:	On-site monitoring		
well. A map indicating the approximate location of the n	nonitoring well is attached for r	reference.		
3. Description:				
Well depth: (ft) 13.0 Casing material:	steel, plastic concrete, cl	ay, brick, stone		
Depth to water: (ft) 4.21 Casing diameter: (inches) 2 Type of construction	(circle one)  i: (drilled,) driven, bored,	dug, augured		
Yr. Or decade construction 1993	(circle one)	duy, augured		
	Monitoring Well W	ell ID.: MW-7		
Check ☐ if Cistern depth: ft.	diameter: ft.			
I certify this well has been plugged as required by rule 5	567-39 8 of the lowa Administr	ative Code (IAC).		
agree to provide any additional information the county of				
Signature of Owner:	Doto Pluggod	· 7/6/2002		
Signature of Owner: Mr. Jim Wagner	Date Plugged	11012002		
If plugged by cartified well contractor, complete this box	•			
If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).				
That's plagged the from as required by falls do?	ine fowa / tallimine tradit of Court	().		
Signature of Contractor:	M	10510		
Signature of Contractor: Cert. No. 40518				
( )				
OR, If plugged by well owner, complete this box:				
The property owner has plugged this well followin	•	•		
Administrative Code with the oversight and assistance of the designated county agent.				
Signature of County Agent: NA	Date Approve	ed: <u>NA</u>		
Eligible for Grants-to-Counties cost share:   YES	NO (Determined by County /	Agent)		
Complete one form for each well plugged and				
	or, only if no county agent is av	ailable, to:		
V	Water Supply Section			
	Department of Natural Resou	rces		
1 ·	100 East Grand Avenue Des Moines, IA 50319-0034			
DNR FORM (REV 12/95)		542-1226		

1. Owner:					
Name: Mr. Jim Wag	iner	City:	Ames		State: IA
Address: 3333 Kingma	an Road	Zip:	50014	Phone:	515-292-6725
2. Well (Cistern) Location	on:		···-		
NW 1/4 of, SW 1/4 of,	_ <u>SW_</u> 1/4 of, Se	ection 6	, Twp. 83	N, Rang	je 24 West
Story			ell location on	<del></del>	On-site monitoring
well. A map indicating the	approximate locati	on of the n	nonitoring well	is attached for	reference.
3. Description:				_	
Well depth: (ft)	14.0 Casing m 3.56	aterial:			clay, brick, stone
Depth to water: (ft) Casing diameter: (inches)		onstruction	circ drilled,	cle one) driven, bored	l, dug, augured
Yr. Or decade constrd.:	1993			e one)	Mall ID - ANA/ O
Depth of casing: (ft)	4.0 Check			ell v	Vell ID.: MW-8
Check  if Cistern	depth:	ft.	diameter:	π.	
I certify this well has been					
agree to provide any addi		ie county o	r department	may need cond	erning this well.
Signature of Owner:	Mr. Jim Wag	<u> </u>		Date Plugge	d: <u>7/6/2002</u>
	wii. Jiiii wag	MIE			
If plugged by certified wel	il contractor, comple	ta this hav			
If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).					
	0	Λ.			
Signature of Contractor: Cert. No. 40518					
	Mr. Joel Johr	nson			
OR, If plugged by well ow	ner. complete this b	ox:			
The property owner has plugged this well following requirements in rule 567-39.8 of the lowar					
Administrative Code with the oversight and assistance of the designated county agent.					
Signature of County Age	ent:	NA		Date Approv	/ed: <u>NA</u>
			······································		
Eligible for Grants-to-Cou	nties cost share:	YES 🗌	NO (Determ	ined by County	Agent)
Complete one form for	each well plugge	ed and			
submit within 30 days to t	ne local county ager			ounty agent is a	vailable, to:
			Vater Supply Department of	Section f Natural Reso	urces
		9	00 East Gran	d Avenue	
DNR FORM (REV 12/9	95)		es Moines, l	4 50319-0034	542-1226
· · · · · · · · · · · · · · · · · · ·	,				

## **Abandoned Water Well Plugging Record**

1. Owner:				
Name: Mr. Jim Wagner	City:	Ames		State: IA
Address: 3333 Kingman Road	Zip:	50014	Phone:	515-292-6725
2. Well (Cistern) Location:				
NW 1/4 of, SW 1/4 of, SW 1/4 of, Sectio	n <u>6</u>	_ , Twp. <u>_ 83</u>	_ N, Rang	ge <u>24</u> West
Story County, Desc	cribe we	ell location on	property:	On-site monitoring
well. A map indicating the approximate location of	of the m	nonitoring well	is attached for	r reference.
3. Description:				
Well depth: (ft) 12.0 Casing mater	rial:			clay, brick, stone
Depth to water: (ft) 3.11 Casing diameter: (inches) 2 Type of const	truction		driven, bored	i, dug, augured
Yr. Or decade constrd.: 2001		(circle	e one)	
Depth of casing: (ft) 2.0 Check ☐ if the	his is a	Monitoring W	ell V 	Well ID.: MW-8A
Check I if Cistern depth:	_ ft.	diameter: _	ft.	
I certify this well has been plugged as required b				
agree to provide any additional information the co	ounty o	r department	may need cond	eming this well.
Signature of Owner:			Date Plugge	ed: 7/6/2002
Mr. Jim Wagner	`			
If plugged by certified well contractor, complete the				- (4.0)
I have plugged this well as required by rule 567-3	39.8 of 1	ine Iowa Admi	inistrative Code	e (IAC).
	0.4	hum		
Signature of Contractor:  Mr. Joel Johnson	<del>/\**</del>		Cert. No	40518
Will doct comison	<del>.</del> <del>//</del>	<del></del>		<del></del>
OR, If plugged by well owner, complete this box:				7.00.0
The property owner has plugged this well for Administrative Code with the oversight and assist				
1	NA		Date Appro	ĺ
Eligible for Grants-to-Counties cost share:  YE		NO (Determ	ined by County	(Agent)
Eligible for Grants-to-Counties cost share.	3 <u> </u>	NO (Determ	ined by County	Agenty
Complete one form for each well plugged a				veilable to:
submit within 30 days to the local county agent:		later Supply	ounty agent is a Section	ivaliable, to.
	ם	epartment of	Natural Reso	urces
		00 East Gran	d Avenue A 50319-0034_	
DNR FORM (REV 12/95)		oo momes, ir	. 500.0-000-	542-1226

1. Owner:			
Name: Mr. Jim Wagner City	r: Ames State: IA		
Address: 3333 Kingman Road Zip.	50014 Phone: 515-292-6725		
2. Well (Cistern) Location:			
•	Tun 92 N Pango 24 Most		
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6			
Story County, Describe	well location on property:  On-site monitoring		
well. A map indicating the approximate location of th	e monitoring well is attached for reference.		
3. Description:			
Well depth: (ft) 14.0 Casing material:			
Depth to water: (ft)	(circle one)		
Casing diameter: (inches) 2 Type of construct			
Yr. Or decade constrd.: 1993  Death of assing: (ff)  A.F. Check M. if this is	(circle one) s a Monitoring Well Well ID.: MW-9		
Check if Cistem depth: ft	diameter: ft.		
I certify this well has been plugged as required by ru	le 567-39.8 of the Iowa Administrative Code (IAC).		
agree to provide any additional information the count			
<i>Y</i> .,	•		
Signature of Owner:	Date Plugged:7/6/2002		
Mr. Jim Wagnen			
If plugged by certified well contractor, complete this b	oox:		
I have plugged this well as required by rule 567-39.8			
	` ,		
( sel ()	DAM.		
Signature of Contractor:	Cert. No. 40518		
Mr. Joe Johnson			
OP If plugged by well owner, complete this boy:			
OR, If plugged by well owner, complete this box:	wing requirements in rule 567-39 8 of the lower		
The property owner has plugged this well following requirements in rule 567-39.8 of the lowal Administrative Code with the oversight and assistance of the designated county agent.			
Signature of County Agent: NA	Date Approved: <u>NA</u>		
Eligible for Grants-to-Counties cost share: YES	☐ NO (Determined by County Agent)		
English for Clamb to Countries obstation.			
Complete one form for each well plugged and			
submit within 30 days to the local county agent:	or, only if no county agent is available, to:		
	Water Supply Section		
	Department of Natural Resources		
	900 East Grand Avenue		
DND FORM (DEV/ 12/05)	Des Moines, IA 50319-0034		
DNR FORM (REV 12/95)	542-1226		

## **Abandoned Water Well Plugging Record**

1. Owner:	
Name: Mr. Jim Wagner City	y: Ames State: IA
Address: 3333 Kingman Road Zip	: 50014 Phone: 515-292-6725
2. Well (Cistern) Location:	
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section	6 , Twp. 83 N, Range 24 West
	e well location on property:  On-site monitoring
well. A map indicating the approximate location of the	· · · · · · · · · · · · · · · · · · ·
3. Description:	
Well depth: (ft) 12.0 Casing material:	
Depth to water: (ft) 2.11 Casing diameter: (inches) 2 Type of construction	(circle one) tion: (drilled,) driven, bored, dug, augured
Yr. Or decade constrd.: 2001	(circle one)
Depth of casing: (ft) 2.0 Check ☒ if this i	
Check if Cistern depth:ft	. diameter: ft.
I certify this well has been plugged as required by ru	le 567-39.8 of the Iowa Administrative Code (IAC).
agree to provide any additional information the coun	
Signature of Owner:	Date Plugged: 7/6/2002
Mr. Jim Wagner	
$\circ$	
If plugged by certified well contractor, complete this b	oox:
I have plugged this well as required by rule 567-39.8	
	1
Signature of Contractor:	Zhuu Cert. No. 40518
Mr. Joel Johnson	
OR If alwayed by well aways complete this bow	
OR, If plugged by well owner, complete this box:	wing requirements in rule 567-39.8 of the lowa
Administrative Code with the oversight and assistant	
Signature of County Agent:NA	Date Approved: NA
Elizible for Create to Counting and share.	This (Determined by County Agent)
Eligible for Grants-to-Counties cost share: YES	□ NO (Determined by County Agent)
Complete one form for each well plugged and	
submit within 30 days to the local county agent:	or, only if no county agent is available, to:
	Water Supply Section Department of Natural Resources
	900 East Grand Avenue
	Des Moines, IA 50319-0034
DNR FORM (REV 12/95)	542-1226

1. Owner:	
Name: Mr. Jim Wagner Cit	y: Ames State: IA
Address: 3333 Kingman Road Zip	o: 50014 Phone: 515-292-6725
2. Well (Cistern) Location:	
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section	6 , Twp. 83 N, Range 24 West
	e well location on property: On-site monitoring
well. A map indicating the approximate location of t	
3. Description:	
Well depth: (ft) 19.0 Casing material	
Depth to water: (ft) 3.62	(circle one)
Casing diameter: (inches) 2 Type of construction   2 Type of construction   2 Type of construction   2 Type of construction   3 Type of construction   4 Type of construction   5 Type of constructi	ction: (drilled) driven, bored, dug, augured (circle one)
	is a Monitoring Well Well ID.: MW-10
	t. diameter: ft.
	to 507 00 0 of the large Administrative Onde (IAO). I
agree to provide any additional information the cour	ule 567-39.8 of the lowa Administrative Code (IAC).
agree to provide any additional information the soul	ny or dopartment may need concerning the nem
Signature of Owner:	Date Plugged:7/6/2002
Mr. Jim Wagner	\
If plugged by certified well contractor, complete this	
I have plugged this well as required by rule 567-39.8	3 of the lowa Administrative Code (IAC).
$\wedge$	\ ,
Signature of Contractor:	Cert. No. 40518
Mr. Joel Johnson /	
	,
OR, If plugged by well owner, complete this box:	wine servicements in rule 567.20 % of the lower
Administrative Code with the oversight and assistan	owing requirements in rule 567-39.8 of the lowal ce of the designated county agent.
Signature of County Agent: NA	Date Approved: NA
Signature of County AgentNA	Date Approved. NA
Eligible for Grants-to-Counties cost share:	☐ NO (Determined by County Agent)
Consists and form for each well always a	. 1
Complete one form for each well plugged and submit within 30 days to the local county agent:	or, only if no county agent is available, to:
calling minimage and and room country agonit.	Water Supply Section
	Department of Natural Resources
	900 East Grand Avenue
DNR FORM (REV 12/95)	Des Moines, IA 50319-0034 542-1226
DIAL LOUIS (UTA 15192)	J42-1220

1. Owner:	
Name: Mr. Jim Wagner C	ty: Ames State: IA
Address: 3333 Kingman Road Zi	o: <u>50014</u> Phone: <u>515-292-6725</u>
2. Well (Cistern) Location:	
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section	6 , Twp. <u>83</u> N, Range <u>24</u> West
Story County, Descrit	e well location on property: On-site monitoring
well. A map indicating the approximate location of	he monitoring well is attached for reference.
3. Description:	
Well depth: (ft) 12.0 Casing material	
Depth to water: (ft) 3.42 Casing diameter: (inches) 2 Type of constru	ction: (circle one)
Yr. Or decade constrd.: 2001	(circle one)
Depth of casing: (ft) 2.0 Check ⊠ if this	is a Monitoring Well Well ID.: MW-10A
Check if Cistern depth:	t. diameter: ft.
I certify this well has been plugged as required by	ule 567-39.8 of the lowa Administrative Code (IAC). I
agree to provide any additional information the cou	
Signature of Owner:	Date Plugged: 7/6/2002
Mr. Jim Wagner	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	)
If plugged by certified well contractor, complete this	box:
I have plugged this well as required by rule 567-39.	
$\bigcap$ $A$	$\wedge$ ,
Signature of Contractor:	Cert. No. 40518
Mr. Joel Johnson	
	<i>J</i>
OR, If plugged by well owner, complete this box:	owing requirements in rule 567-39.8 of the lowar
Administrative Code with the oversight and assistar	
Signature of County Agent: NA	
Eligible for Grants-to-Counties cost share:   YES	☐ NO (Determined by County Agent)
Complete one form for each well plugged and	1
submit within 30 days to the local county agent:	or, only if no county agent is available, to:
	Water Supply Section Department of Natural Resources
	900 East Grand Avenue
	Des Moines, IA 50319-0034
DNR FORM (REV 12/95)	542-1226

## **Abandoned Water Well Plugging Record**

Name: Mr. Jim Wagner City: Ames State: IA
Address: <u>3333 Kingman Road</u> Zip: <u>50014</u> Phone: <u>515-292-6725</u>
2. Well (Cistern) Location:
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6 , Twp. 83 N, Range 24 West
Story County, Describe well location on property: On-site monitoring
well. A map indicating the approximate location of the monitoring well is attached for reference.
3. Description:
Well depth: (ft)28 Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: (ft) 3.76 (circle one) Casing diameter: (inches) 2 Type of construction: (drilled,) driven, bored, dug, augured
Yr. Or decade constrd.: 1996 (circle one)
Depth of casing: (ft) 20.0 Check if this is a Monitoring Well Well ID.: MW-11A
Check if Cistern depth: ft. diameter: ft.
I certify this well has been plugged as required by rule 567-39.8 of the lowa Administrative Code (IAC).
agree to provide any additional information the county or department may need concerning this well.
Signature of Owner: Date Plugged:
iviii. Jinsvvagne
If plugged by certified well contractor, complete this boy:
If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the lowa Administrative Code (IAC).
Signature of Contractor: Cert. No. 40518
Mr./Joel Johnson
OR, If plugged by well owner, complete this box:
The property owner has plugged this well following requirements in rule 567-39.8 of the lowar
Administrative Code with the oversight and assistance of the designated county agent.
Signature of County Agent: NA Date Approved: NA
Eligible for Grants-to-Counties cost share:  YES NO (Determined by County Agent)
Complete one form for each well plugged and
submit within 30 days to the local county agent:  or, only if no county agent is available, to:  Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034  DNR FORM (REV 12/95)  542-1226

1. Owner:					
Name:	Mr. Jim Wagner	City:	Ames		State: IA
Address:	3333 Kingman Road	Zip:	50014	Phone:	515-292-6725
2. Well (Ci	stern) Location:				
•	of, <u>SW</u> 1/4 of, <u>SW</u> 1/4 of, S	section 6	. Twp. 83	N. Ran	ge 24 West
	Story County,		vell location on	_	On-site monitoring
well. A ma	p indicating the approximate loca			• •	
3. Descrip					
Well depth	<del></del> =	naterial:			clay, brick, stone
Depth to w Casing dia	meter: (inches) 2 Type of	constructio		driven, bore	d, dug, augured
	ade constrd.: 1996	<b>7</b> ∫ • e u • . •		e one)	A/-II ID - 144A/ 44D
Depth of ca		·	a Monitoring We		Well ID.: MW-11B
Check   i	f Cistern depth:	ft.	diameter:	ft.	
	s well has been plugged as requi				
agree to pr	rovide any additional information $\mathcal{L}$	tne county	or department i	may need con	cerning this well.
Signature	of Owner: Mr. Jim Wa	No		Date Plugge	ed: 7/6/2002
	IVII. JIIII VV	igkei			
If nlugged l	hy certified well contractor, compl	lete this ha	v·		
If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the lowa Administrative Code (IAC).					
		1	٦ ۵		
Signature	of Contractor:	gel \	follow	Cert. No	40518
	Mr. Joel Joi	hnson	J		
OR. If plug	ged by well owner, complete this	box:			
The prope	erty owner has plugged this w	ell followi			
	tive Code with the oversight and		of the designate		
Signature	of County Agent:	<u>NA</u>		Date Appro	ved: <u>NA</u>
Eligible for	Grants-to-Counties cost share: [	] YES [	NO (Determi	ined by County	/ Agent)
Complete	one form for each well plugg	ged and			
submit with	nin 30 days to the local county ago		or, only if no co		available, to:
			Water Supply : Department of		ources
			900 East Gran		
DNR FOR	M (REV 12/95)		Des Moines, lA	1 303 13-0034	542-1226
	•				

## **Abandoned Water Well Plugging Record**

1. Owner:					
Name: Mr. Jim Wagner C	city: Ames		State: IA		
Address: 3333 Kingman Road Z	ip: <u>50014</u>	Phone:	515-292-6725		
2. Well (Cistern) Location:					
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section	6 , Twp. 83	N, Rang	ge 24 West		
	be well location on		On-site monitoring		
well. A map indicating the approximate location of the monitoring well is attached for reference.					
3. Description:					
Well depth: (ft) 13.0 Casing materia			clay, brick, stone		
Depth to water: (ft) 3.64 (circle one)  Casing diameter: (inches) 2 Type of construction: (drilled) driven, bored, dug, augured					
Yr. Or decade constrd.: 1996	(circ	le one)			
Depth of casing: (ft) 3.0 Check ☑ if this			Well ID.: MW-12		
Check if Cistem depth:	ft. diameter: _	ft.			
I certify this well has been plugged as required by	rule 567-39.8 of th	e Iowa Adminis	trative Code (IAC). I		
agree to provide any additional information the cou	inty or department	may need cond	eming this well.		
Signature of Owner:	·	Date Plugge	d: 7/6/2002		
Mr. Jim Wagner					
If always by cartified well contractor, complete this	o bovi				
If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1				
Signature of Contractor: Cert. No. 40518					
Mr. Joel Johnson	)				
OR, If plugged by well owner, complete this box:					
The property owner has plugged this well following requirements in rule 567-39.8 of the lowal Administrative Code with the oversight and assistance of the designated county agent.					
Signature of County Agent: N	4	Date Appro	ved:NA		
Eligible for Grants-to-Counties cost share:  YES  NO (Determined by County Agent)					
Complete one form for each well plugged ar submit within 30 days to the local county agent:		ounty agent is a	vailable, to:		
	Water Supply	Section			
	900 East Gran	f Natural Reso nd Avenue	urces		
	Des Moines, I				
DNR FORM (REV 12/95)			542-1226		

## **Abandoned Water Well Plugging Record**

1. Owner:					
Name: Mr. Jim Wagner City	r: Ames State: IA				
Address: 3333 Kingman Road Zip:	50014 Phone: 515-292-6725				
2. Well (Cistern) Location:					
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6	5, Twp. <u>83</u> N, Range <u>24_</u> West				
Story County, Describe	well location on property:  On-site monitoring				
well. A map indicating the approximate location of the	e monitoring well is attached for reference.				
3. Description:					
Well depth: (ft) 12.0 Casing material:	•				
Depth to water: (ft) 3.58 (circle one)  Casing diameter: (inches) 2 Type of construction: (drilled) driven, bored, dug, augured					
Yr. Or decade constrd.: 2002 (circle one)					
Depth of casing: (ft) 2.0 Check ☑ if this is	s a Monitoring Well Well ID.: MW-13				
Check if Cistem depth: ft.	diameter: ft.				
I certify this well has been plugged as required by rul	e 567-39.8 of the Iowa Administrative Code (IAC).				
agree to provide any additional information the count					
Signature of Owner:	Date Plugged: 7/6/2002				
Mr. Jim Wagner	Date Flugged. 170/2002				
O					
If plugged by certified well contractor, complete this box:					
I have plugged this well as required by rule 567-39.8					
$\wedge$	1 .				
Signature of Contractor: Cert. No. 40518					
Mr. Joel Johnson					
OR, If plugged by well owner, complete this box:	ving requirements in rule 567-39.8 of the lower				
The property owner has plugged this well following requirements in rule 567-39.8 of the lowal Administrative Code with the oversight and assistance of the designated county agent.					
Signature of County Agent:NA	Date Approved: NA				
Eligible for Grants-to-Counties cost share:  YES NO (Determined by County Agent)					
Complete one form for each well plugged and					
submit within 30 days to the local county agent:	or, only if no county agent is available, to:				
	Water Supply Section Department of Natural Resources				
	900 East Grand Avenue				
	Des Moines, IA 50319-0034				
DNR FORM (REV 12/95)	542-1226				

## **Abandoned Water Well Plugging Record**

1. Owner:					
Name: Mr. Jim Wagner C	ity: Ames		State: <u>IA</u>		
Address: 3333 Kingman Road Z	p: <u>50014</u>	Phone:	515-292-6725		
2. Well (Cistern) Location:					
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section	6 , Twp.	83 N, Ra	nge 24 West		
<del></del>		on property:	On-site monitoring		
well. A map indicating the approximate location of					
3. Description:	_				
Well depth: (ft) 12.0 Casing materia Depth to water: (ft) 2.52	, · · · · · · · · · · · · · · · · · · ·	astic,) concrete,	clay, brick, stone		
Casing diameter: (inches) 2 Type of construction: drilled, driven, bored, dug, augured  Yr. Or decade constrd.: 2002 (Circle one)					
			Well ID.: MW-14		
Check if Cistem depth:	ft. diameter:		ft.		
I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.					
Signature of Owner: Mr. Jim Wagner	~	Date Plugg	ged: 7/6/2002		
Mr. Jim <b>W</b> agner					
If plugged by certified well contractor, complete this box:					
I have plugged this well as required by rule 567-39.8 of the lowa Administrative Code (IAC).  Signature of Contractor: Cert. No40518					
Mr. Joe Johnson					
OR, If plugged by well owner, complete this box:					
The property owner has plugged this well following requirements in rule 567-39.8 of the lowa Administrative Code with the oversight and assistance of the designated county agent.					
Signature of County Agent:NA	\	Date Appı	roved: NA		
Eligible for Grants-to-Counties cost share:					
Complete one form for each well plugged and					
submit within 30 days to the local county agent:		o county agent is	s available, to:		
	Water Supply Section Department of Natural Resources				
	900 East G	rand Avenue			
DNR FORM (REV 12/95)	Des Moine	s, IA 50319-0034	542-1226		
DIVIN FUNIVI (NEV 12/33)			J#Z-1220		