

# **SHEKAR ENGINEERING, PLC**

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

**CON 12-15**  
**Doc #13891**

August 7, 2002

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  
NATURAL RESOURCES

2002 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, Iowa.

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

FARM FIELD

GARAGE

BODY SHOP



MW-12

MW11A

Water Well

Former Gasoline UST

MW10/10A

MW8/8A

MW11B

MW-9/9A

BH11

BH2

BH8

4BH

3BH

MW6/6A

7BH

6BH

MW-7

MW-5

BH10

Former Waste Oil UST

DEALERSHIP  
BUILDING

MW-14

BH1

MW-13

SEPTIC TANK

LEACH FIELD

COUNTY ROAD 38 (Y AVENUE)

LINCOLN WAY

# LEGEND

PROPERTY LINE

WATER

SANITARY SEWER

STORM SEWER

MONITORING WELL

WATER WELL



SCALED SITE PLAN MAP (Scale 1"=60')

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

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
Address: <u>3333 Kingman Road</u>	Zip: <u>50014</u>	Phone: <u>515-292-6725</u>

2. Well (Cistern) Location:

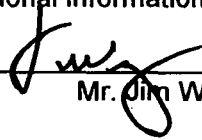
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6, Twp. 83 N, Range 24 West  
Story County, Describe well location on property: On-site monitoring  
 well. A map indicating the approximate location of the monitoring well is attached for reference.

3. Description:

Well depth: (ft)	<u>10.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft)	<u>3.59</u>	(circle one)
Casing diameter: (inches)	<u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augered
Yr. Or decade constrd.:	<u>1991</u>	(circle one)
Depth of casing: (ft)	<u>2.5</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-5</u>

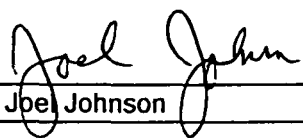
Check ☐ if Cistern depth: \_\_\_\_\_ ft. diameter: \_\_\_\_\_ ft.

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:  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 567-39.8 of the Iowa 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 Iowa 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:

<p><b>Water Supply Section</b>  <b>Department of Natural Resources</b>  <b>900 East Grand Avenue</b>  <b>Des Moines, IA 50319-0034</b></p>
--

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
Address: <u>3333 Kingman Road</u>	Zip: <u>50014</u>	Phone: <u>515-292-6725</u>

2. Well (Cistern) Location:

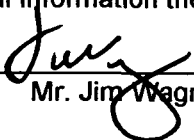
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6, Twp. 83 N, Range 24 West  
Story County, Describe well location on property: On-site monitoring  
 well. A map indicating the approximate location of the monitoring well is attached for reference.

3. Description:

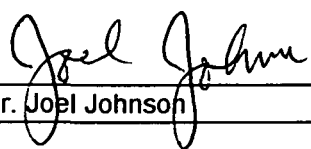
Well depth: (ft) <u>15.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: (ft) <u>3.57</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured (circle one)
Casing diameter: (inches) <u>2</u>	Yr. Or decade constrd.: <u>1993</u>
Depth of casing: (ft) <u>4.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-6</u>

Check ☐ if Cistern 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:  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 567-39.8 of the Iowa Administrative Code (IAC).	
Signature of Contractor: <u></u>	Cert. No. <u>40518</u>
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 Iowa Administrative Code with the oversight and assistance of the designated county agent.	
Signature of County Agent: <u>NA</u>	Date Approved: <u>NA</u>

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:

	<b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>
--	---

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

**1. Owner:**

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
Address: <u>3333 Kingman Road</u>	Zip: <u>50014</u>	Phone: <u>515-292-6725</u>

**2. Well (Cistern) Location:**

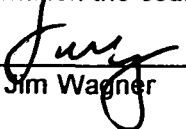
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6, Twp. 83 N, Range 24 West  
Story County, Describe well location on property: On-site monitoring  
 well. A map indicating the approximate location of the monitoring well is attached for reference.

**3. Description:**

Well depth: (ft) <u>12.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: (ft) <u>3.55</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured (circle one)
Casing diameter: (inches) <u>2</u>	Yr. Or decade constrd.: <u>2001</u>
Depth of casing: (ft) <u>2.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-6A</u>

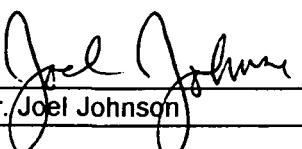
Check ☐ if Cistern depth: \_\_\_\_\_ ft. diameter: \_\_\_\_\_ ft.

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:  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 567-39.8 of the Iowa 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 Iowa 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:
	<b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
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)	<u>13.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft)	<u>4.21</u>	(circle one)
Casing diameter: (inches)	<u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.:	<u>1993</u>	(circle one)
Depth of casing: (ft)	<u>4.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-7</u>

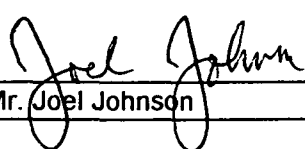
Check ☐ if Cistern depth: \_\_\_\_\_ ft. diameter: \_\_\_\_\_ ft.

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:  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 567-39.8 of the Iowa 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 Iowa 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:

	<b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>
--	---



Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
Address: <u>3333 Kingman Road</u>	Zip: <u>50014</u>	Phone: <u>515-292-6725</u>

2. Well (Cistern) Location:

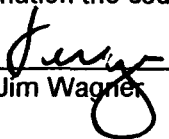
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6, Twp. 83 N, Range 24 West  
Story County, Describe well location on property: On-site monitoring  
 well. A map indicating the approximate location of the monitoring well is attached for reference.

3. Description:

Well depth: (ft)	<u>14.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft)	<u>3.56</u>	(circle one)
Casing diameter: (inches)	<u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.:	<u>1993</u>	(circle one)
Depth of casing: (ft)	<u>4.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-8</u>

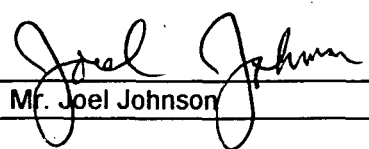
Check ☐ if Cistern depth: \_\_\_\_\_ ft. diameter: \_\_\_\_\_ ft.

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:  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 567-39.8 of the Iowa 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 Iowa 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**

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
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)	<u>12.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft)	<u>3.11</u>	(circle one)
Casing diameter: (inches)	<u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.:	<u>2001</u>	(circle one)
Depth of casing: (ft)	<u>2.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-8A</u>

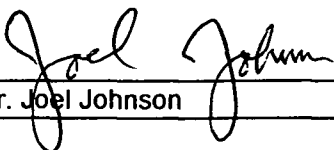
Check ☐ if Cistern depth: \_\_\_\_\_ ft. diameter: \_\_\_\_\_ ft.

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:  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 567-39.8 of the Iowa 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 Iowa 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:

	<b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>
--	---

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

**1. Owner:**

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
Address: <u>3333 Kingman Road</u>	Zip: <u>50014</u>	Phone: <u>515-292-6725</u>

**2. Well (Cistern) Location:**

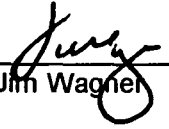
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6, Twp. 83 N, Range 24 West  
Story County, Describe well location on property: On-site monitoring  
 well. A map indicating the approximate location of the monitoring well is attached for reference.

**3. Description:**

Well depth: (ft)	<u>14.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft)	<u>2.49</u>	(Circle one)
Casing diameter: (inches)	<u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.:	<u>1993</u>	(Circle one)
Depth of casing: (ft)	<u>4.5</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-9</u>

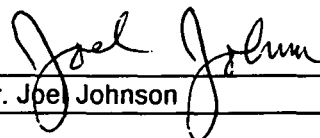
Check ☐ if Cistern depth: \_\_\_\_\_ ft. diameter: \_\_\_\_\_ ft.

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:  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 567-39.8 of the Iowa 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 Iowa 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**

# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

### 1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
Address: <u>3333 Kingman Road</u>	Zip: <u>50014</u>	Phone: <u>515-292-6725</u>

### 2. Well (Cistern) Location:

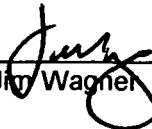
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6, Twp. 83 N, Range 24 West  
Story County, Describe well location on property: On-site monitoring  
 well. A map indicating the approximate location of the monitoring well is attached for reference.

### 3. Description:

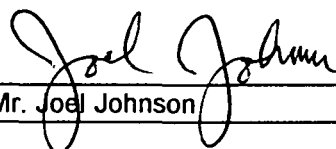
Well depth: (ft) <u>12.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: (ft) <u>2.11</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured (circle one)
Casing diameter: (inches) <u>2</u>	Yr. Or decade constrd.: <u>2001</u>
Depth of casing: (ft) <u>2.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-9A</u>

Check ☐ if Cistern 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:  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 567-39.8 of the Iowa Administrative Code (IAC).	
Signature of Contractor: <u></u>	Cert. No. <u>40518</u>
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 Iowa Administrative Code with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: <u>NA</u>
NA	

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> 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: <b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>
--	--

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
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)	<u>19.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft)	<u>3.62</u>	(circle one)
Casing diameter: (inches)	<u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.:	<u>1993</u>	(circle one)
Depth of casing: (ft)	<u>5.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-10</u>

Check ☐ if Cistern 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 Plugged: 7/6/2002

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).

Signature of Contractor: Mr. Joel Johnson Cert. No. 40518

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 Iowa 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:

	<b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>
--	---

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
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) <u>12.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft) <u>3.42</u>	(circle one)
Casing diameter: (inches) <u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.: <u>2001</u>	(circle one)
Depth of casing: (ft) <u>2.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-10A</u>

Check ☐ if Cistern 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 Plugged: 7/6/2002

*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).

Signature of Contractor: Mr. Joel Johnson Cert. No. 40518

*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 Iowa 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**

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
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) <u>28</u>	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: (ft) <u>3.76</u>	
Casing diameter: (inches) <u>2</u>	Type of construction: <u>drilled</u> driven, bored, dug, augured (circle one)
Yr. Or decade constrd.: <u>1996</u>	
Depth of casing: (ft) <u>20.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-11A</u>

Check ☐ if Cistern 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 Plugged: 7/6/2002

*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).

Signature of Contractor: Mr. Joel Johnson Cert. No. 40518

*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 Iowa 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**

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
Address: <u>3333 Kingman Road</u>	Zip: <u>50014</u>	Phone: <u>515-292-6725</u>

2. Well (Cistern) Location:

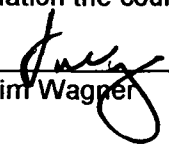
NW 1/4 of, SW 1/4 of, SW 1/4 of, Section 6, Twp. 83 N, Range 24 West  
Story County, Describe well location on property: On-site monitoring  
 well. A map indicating the approximate location of the monitoring well is attached for reference.

3. Description:

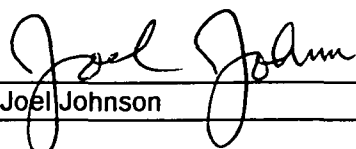
Well depth: (ft) <u>5.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft) <u>3.59</u>	(circle one)
Casing diameter: (inches) <u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.: <u>1996</u>	(circle one)
Depth of casing: (ft) <u>2.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-11B</u>

Check ☐ if Cistern 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:  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 567-39.8 of the Iowa Administrative Code (IAC).	
Signature of Contractor: <u></u>	Cert. No. <u>40518</u>
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 Iowa Administrative Code with the oversight and assistance of the designated county agent.	
Signature of County Agent: <u>NA</u>	Date Approved: <u>NA</u>

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:

	<b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>
--	---



Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
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) <u>13.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft) <u>3.64</u>	(circle one)
Casing diameter: (inches) <u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.: <u>1996</u>	(circle one)
Depth of casing: (ft) <u>3.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-12</u>

Check ☐ if Cistern 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 Plugged: 7/6/2002

*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).

Signature of Contractor: Mr. Joel Johnson Cert. No. 40518

*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 Iowa 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

Iowa Department of Natural Resources

**Abandoned Water Well Plugging Record**

**1. Owner:**

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
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) <u>12.0</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: (ft) <u>3.58</u>	(circle one)
Casing diameter: (inches) <u>2</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augured
Yr. Or decade constrd.: <u>2002</u>	(circle one)
Depth of casing: (ft) <u>2.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-13</u>

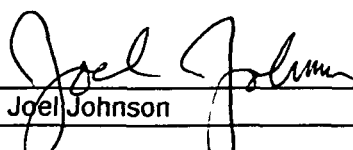
Check ☐ if Cistern depth: \_\_\_\_\_ ft. diameter: \_\_\_\_\_ ft.

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:  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 567-39.8 of the Iowa 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 Iowa 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**

# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

### 1. Owner:

Name: <u>Mr. Jim Wagner</u>	City: <u>Ames</u>	State: <u>IA</u>
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:

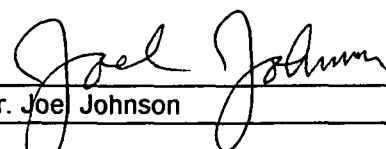
Well depth: (ft)	<u>12.0</u>	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: (ft)	<u>2.52</u>	Type of construction:	<u>drilled</u> , driven, bored, dug, augured (circle one)
Casing diameter: (inches)	<u>2</u>	Yr. Or decade constrd.:	<u>2002</u>
Depth of casing: (ft)	<u>2.0</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well ID.: <u>MW-14</u>

Check ☐ if Cistern      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:       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 567-39.8 of the Iowa Administrative Code (IAC).	
Signature of Contractor: <u></u>	Cert. No. <u>40518</u>
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 Iowa Administrative Code with the oversight and assistance of the designated county agent.	
Signature of County Agent: <u>NA</u>	Date Approved: <u>NA</u>

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:

	<b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>
--	---