

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>FISHER HYDRAULICS</u>	City:	<u>LAURENS</u>	State:	<u>IA</u>
Address:	<u>241 N 3RD ST.</u>	Zip:	<u>50554</u>	Phone:	<u>(515) 845-4503</u>

2. Well (Cistern) Location:

SE 1/4 of, NW 1/4 of, NW 1/4 of, Section 27, Twp. 93 N, Range 34 West/East(circle one)
POCAHONTAS County, Describe well location on property: SEE LOCATION
MAP MW#1

3. Description:

Well depth:	<u>15</u> ft	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>5±</u> ft	Type of construction:	drilled, driven, <u>bored</u> dug, augered (circle one)
Casing diameter:	<u>2</u> in		
Yr. or decade constrd.:	<u>1998</u>		
Depth of casing:	<u>15</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	

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: 12/15/98

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: Yann Z Roman Cert. No. 40206

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: _____

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>FISHER HYDRAULICS</u>	City: <u>LAURENS</u>	State: <u>IOWA</u>
Address: <u>241 N 3RD ST</u>	Zip: <u>50554</u>	Phone: <u>(712) 845-4503</u>

2. Well (Cistern) Location:

SE 1/4 of, NW 1/4 of, NW 1/4 of, Section 27, Twp. 93 N, Range 34 ~~West~~ East (circle one)
POLK County, Describe well location on property: MW #2 SEE
ATTACHED LOCATION MAP

3. Description:

Well depth: <u>15</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. or decade constrd.: <u>1998</u>
Depth of casing: <u>15</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well

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: 12/15/98

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: Jane Z Roman Cert. No. 40206

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: _____

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:

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Address: <u>241 N 3RD ST</u>	Zip: <u>50554</u>	Phone: <u>(712) 845-4503</u>

2. Well (Cistern) Location:

SE 1/4 of, NW 1/4 of, NW 1/4 of, Section 27, Twp. 93 N, Range 34 West East (circle one)
POCAHONTAS County, Describe well location on property: MW#3 SEE
ATTACHED LOCATION MAP

3. Description:

Well depth: <u>15</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>5</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. or decade constrd.: <u>1998</u>
Depth of casing: <u>15</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well

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: 12/15/98

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: James Flanagan Cert. No. 40206

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: _____

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
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Iowa Department of Natural Resources

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2. Well (Cistern) Location:

SE 1/4 of, NW 1/4 of, NW 1/4 of, Section 27, Twp. 93 N, Range 34 West East (circle one)
Pocahontas County, Describe well location on property: MW#4 SEE
ATTACHED LOCATION MAP

3. Description:

Well depth: <u>15</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>6</u> ft	Type of construction: drilled, driven, <u>bored</u> dug, augered (circle one)
Casing diameter: <u>2</u> in	Check <input checked="" type="checkbox"/> if this is a Monitoring Well
Yr. or decade constrd.: <u>1998</u>	
Depth of casing: <u>15</u> ft	

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: 12/15/98

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: [Signature] Cert. No. 40206

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: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

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SECTION LINE ROAD

RUSH LAKE ROAD

MOBIL HOME PARK

NELSON ST.

LAKE ST.

THIRD ST.

U.P. RAILROAD

FLAT GRAIN STORAGE

WALNUT ST.

FARMERS COOPERATIVE COMPANY

DRYER

CONC. SILOS

CONC. ELEVATOR

APPROXIMATE SCALE: 1" = 100'

LUMBER YARD

VICINITY MAP
FIGURE 2N

RES.

RES.

RES.

RES.

RES.

RES.

RES.

RES.

RES.

RES.

RES.

RES.

RES.

CITY WELLS
(2 ACTIVE)

LIBRARY

HISTORICAL
SOCIETY

PARK

SHELTER HOUSE

CITY WELL NOT OPERAB

1-001

CITY HALL

3-003

WATER DEPT.

FIRE DEPT.

PROPOSED NEW

CITY WELL

FORMER UST'S

CHURCH

2-005

3-010

4-011

5-012

6-013

7-014

8-015

9-016

10-017

11-018

12-019

13-020

14-021

15-022

16-023

17-024

18-025

19-026

MW#3

MW#4

MW#2

MW#1

BM= 100.00 NORTH RIM MH

502

104

-001

-002

-003

-004

-005

-006

-007

-008

-009

-010

-011

-012

-013

-014

-015

-016

-017

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