

**Abandoned Water Well
Plugging Record**

**CON 12-15
Doc #16695**

1. Owner:

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

2. Well (Cistern) Location:

NE 1/4 of, SE 1/4 of, NE 1/4 of, Section 28, Twp. 93 N, Range 34 West East (circle one)
POLK County, Describe well location on property: MW# 5 SEE
ATTACHED LOCATION MAP

3. Description:

Well depth: 15 ft Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: 5.5 ft (circle one)
Casing diameter: 2 in Type of construction: drilled, driven, bored dug, augered
Yr. or decade constrd.: 1998 (circle one)
Depth of casing: 15 ft Check ☒ 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 J. Rasmussen 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

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

2. Well (Cistern) Location:

NE 1/4 of, SE 1/4 of, NE 1/4 of, Section 28, Twp. 93 N, Range 34 West East (circle one)
POCAHONTAS County, Describe well location on property: MW#6 SEE
ATTACHED LOCATION MAP

3. Description:

Well depth: 15 ft Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 5 ft (circle one)
Casing diameter: 2 in Type of construction: drilled, driven, bored dug, augered
Yr. or decade constrd.: 1998 (circle one)
Depth of casing: 15 ft Check ☒ 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: Gene F. Brown 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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APPROXIMATE SCALE: 1" = 100'

