

T R A N S M I T T A L**CON 12-15**
Doc #1751411153 Aurora Avenue
Des Moines, Iowa 50322
Tel: 515 253 0830
Fax: 515 253 9592

Date: October 1, 2007

To: Mr. Lambert Nnadi
Contaminated Sites Section
Iowa Department of Natural Resources
Wallace State Office Building
502 East 9th St.
Des Moines, IA 50319-0034**From:** Adam Newman**RE:** Well Abandonment Records For Former Noma Industries, 3811 Dixon Street, Des Moines

The following items are:

<input type="checkbox"/> Requested	<input checked="" type="checkbox"/> Enclosed	<input type="checkbox"/> Sent Separately Via _____	
<input type="checkbox"/> Report	<input type="checkbox"/> Specification	<input type="checkbox"/> Cost Estimate	<input type="checkbox"/> Shop Drawings
<input type="checkbox"/> Test Result	<input type="checkbox"/> Prints	<input type="checkbox"/> Test Sample	<input type="checkbox"/> Other

No. of Copies	Description
1	Abandoned Water Well Plugging Records for eleven wells plugged on September 12, 2007 at the Former Noma Industries site at 3811 Dixon Street, Des Moines, IA
1	Figure – Monitoring and Recovery Well Locations

This data is submitted:

<input type="checkbox"/> At Your Request	<input type="checkbox"/> For Your Review	<input type="checkbox"/> For Your Action
<input type="checkbox"/> For Your Approval	<input type="checkbox"/> For Your Use	<input checked="" type="checkbox"/> For Your Information

General Remarks:

Dear Mr. Nnadi,

The attached abandonment records are for the remaining groundwater monitoring and groundwater remediation system wells (eleven total). The original copies of these records have been sent to the Polk County Health Department at 5895 NE 14th Street in Des Moines. Please call me at the above number if you have any questions.

Thanks,
Adam Newman**13022 OCT 03'07 AM 11:11**

17514

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: Chris Miller, GenTek, Inc. City: Westland State: MI
(representing Noma Industries, Inc.)
Address: 5859 Executive Drive Zip: 48185 Phone: (734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
Polk County, Describe well location or property: Inside building in northwest corner
of Jacobson warehouse, approximately 120 feet west of north central exterior doors.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	14	ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	6.65	ft	(circle one)
Casing diameter:	8	in	Type of construction: drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.:	1994		(circle one)
Depth of Casing:	14	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: RW-4

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: [Signature] Date Plugged: 09/12/2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
Polk County Health Department
5895 NE 14th Street
Des Moines, IA 50313

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:	Chris Miller, GenTek, Inc. (representing Noma Industries, Inc.)	City:	Westland	State:	MI
Address:	5859 Executive Drive	Zip:	48185	Phone:	(734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
Polk County, Describe well location or property: Inside building in northwest corner
of Jacobson warehouse, approximately 200 feet west of north central exterior doors.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	<u>15</u> ft	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>6.60</u> ft	Type of construction:	drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>8</u> in	Yr. Or decade constrd.:	<u>1994</u>
Depth of Casing:	<u>15</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.:	<u>RW-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: [Signature] Date Plugged: 09/12/2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
 Polk County Health Department
 5895 NE 14th Street
 Des Moines, IA 50313

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:	Chris Miller, GenTek, Inc. (representing Noma Industries, Inc.)	City:	Westland	State:	MI
Address:	5859 Executive Drive	Zip:	48185	Phone:	(734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
 Polk County, Describe well location or property: Inside building in northwest corner
of Jacobson warehouse, approximately 75 feet east of northwest garage door.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	15	ft	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	4.75	ft	Type of construction:	drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	8	in	Yr. Or decade constrd.:	1994
Depth of Casing:	15	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.:	<u>RW-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: [Signature] Date Plugged: 09 /12 / 2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
 Polk County Health Department
 5895 NE 14th Street
 Des Moines, IA 50313

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: Chris Miller, GenTek, Inc. City: Westland State: MI
(representing Noma Industries, Inc.)
Address: 5859 Executive Drive Zip: 48185 Phone: (734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
Polk County, Describe well location or property: Inside building in northwest corner
of Jacobson warehouse, approximately 50 feet east of northwest garage door.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	15	ft	Casing material:	steel, plastic, concrete, clay, brick, stone
Depth to water:	3.15	ft		(circle one)
Casing diameter:	8	in	Type of construction:	drilled, driven, bored, dug, augered
Yr. Or decade constrd.:	1994			(circle one)
Depth of Casing:	15	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.:	RW-7

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: [Signature] Date Plugged: 09/12/2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
Polk County Health Department
5895 NE 14th Street
Des Moines, IA 50313

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: Chris Miller, GenTek, Inc. City: Westland State: MI
(representing Noma Industries, Inc.)
Address: 5859 Executive Drive Zip: 48185 Phone: (734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
Polk County, Describe well location or property: Inside northwest corner of Jacobson
building in narrow hallway to breakroom next to small lower parking lot.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	15.5	ft	Casing material:	steel, plastic, concrete, clay, brick, stone
Depth to water:	3.70	ft		(circle one)
Casing diameter:	8	in	Type of construction:	drilled, driven, bored, dug, augered
Yr. Or decade constrd.:	1994			(circle one)
Depth of Casing:	15.5	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.:	RW-8

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: Chris Miller Date Plugged: 09/12/2007

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: Justin R. Rentsch Cert. No. 4715

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 local county agent:

John Bein/Jim McCasland
Polk County Health Department
5895 NE 14th Street
Des Moines, IA 50313

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:	Chris Miller, GenTek, Inc. (representing Noma Industries, Inc.)	City:	Westland	State:	MI
Address:	5859 Executive Drive	Zip:	48185	Phone:	(734)467-8371 x305

2. Well (Cistern) Location:

NW $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, SE $\frac{1}{4}$ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
 Polk County, Describe well location or property: Outside northwest corner of
of Jacobson warehouse next to executive lower parking lot.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	30.2	ft	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	3.80	ft		(circle one)
Casing diameter:	2	in	Type of construction:	drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.:	1990			(circle one)
Depth of Casing:	30.2	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.:	<u>MW-3</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: [Signature] Date Plugged: 09/12/2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
 Polk County Health Department
 5895 NE 14th Street
 Des Moines, IA 50313

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:	Chris Miller, GenTek, Inc. (representing Noma Industries, Inc.)	City:	Westland	State:	MI
Address:	5859 Executive Drive	Zip:	48185	Phone:	(734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
 Polk County, Describe well location or property: Outside northwest corner of
of Jacobson warehouse on upper employee parking lot.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	19.2	ft	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	6.10	ft		(circle one)
Casing diameter:	2	in	Type of construction:	drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.:	1990			(circle one)
Depth of Casing:	19.2	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.:	<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: [Signature] Date Plugged: 09/12/2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
 Polk County Health Department
 5895 NE 14th Street
 Des Moines, IA 50313

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: Chris Miller, GenTek, Inc. City: Westland State: MI
(representing Noma Industries, Inc.)
Address: 5859 Executive Drive Zip: 48185 Phone: (734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
Polk County, Describe well location or property: Outside northwest corner of
of Jacobson warehouse next to executive lower parking lot within break area/patio.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	12	ft	Casing material:	steel, plastic, concrete, clay, brick, stone
Depth to water:	5.40	ft		(circle one)
Casing diameter:	2	in	Type of construction:	drilled, driven, bored, dug, augered
Yr. Or decade constrd.:	1990			(circle one)
Depth of Casing:	12	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.:	MW-11

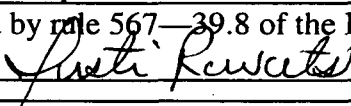
Check ☐ if Cistern depth: _____ ft. Diameter: _____ ft.

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: 09/12/2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
Polk County Health Department
5895 NE 14th Street
Des Moines, IA 50313

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: Chris Miller, GenTek, Inc. City: Westland State: MI
(representing Noma Industries, Inc.)
Address: 5859 Executive Drive Zip: 48185 Phone: (734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
Polk County, Describe well location or property: Inside building in northwest corner
of Jacobson warehouse, approximately 190 feet west of north central exterior doors within small warehouse room.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	12	ft	Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water:	5.80	ft	(circle one)
Casing diameter:	2	in	Type of construction: drilled, driven, bored, dug, augered
Yr. Or decade constrd.:	1990		(circle one)
Depth of Casing:	12	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: MW-15

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: [Signature] Date Plugged: 09/12/2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
Polk County Health Department
5895 NE 14th Street
Des Moines, IA 50313

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: Chris Miller, GenTek, Inc. City: Westland State: MI
(representing Noma Industries, Inc.)
Address: 5859 Executive Drive Zip: 48185 Phone: (734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
Polk County, Describe well location or property: Inside building in northwest corner
of Jacobson warehouse, approximately 60 feet east of northwest garage door.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth:	13	ft	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	4.90	ft		(circle one)
Casing diameter:	2	in	Type of construction:	drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.:	1990			(circle one)
Depth of Casing:	13	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.:	MW-16

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: [Signature] Date Plugged: 09/12/2007

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. 4715

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 local county agent:

John Bein/Jim McCasland
Polk County Health Department
5895 NE 14th Street
Des Moines, IA 50313

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: Chris Miller, GenTek, Inc. (representing Noma Industries, Inc.)	City: Westland	State: MI
Address: 5859 Executive Drive	Zip: 48185	Phone: (734)467-8371 x305

2. Well (Cistern) Location:

NW ¼ of, SW ¼ of, SE ¼ of, Section 24, Twp. 79 N, Range 24 West East (circle one)
 Polk County, Describe well location or property: Outside northeast corner of
of Jacobson warehouse next to loading dock.

3. Description: Former Noma Industries Site, 3811 Dixon Street, Des Moines, Iowa

Well depth: <u>12.5</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>2.55</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	
Yr. Or decade constrd.: <u>1990</u>	
Depth of Casing: <u>12.5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-17</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: [Signature] Date Plugged: 09/12/2007

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>[Signature]</u> Cert. No. <u>4715</u>

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: _____

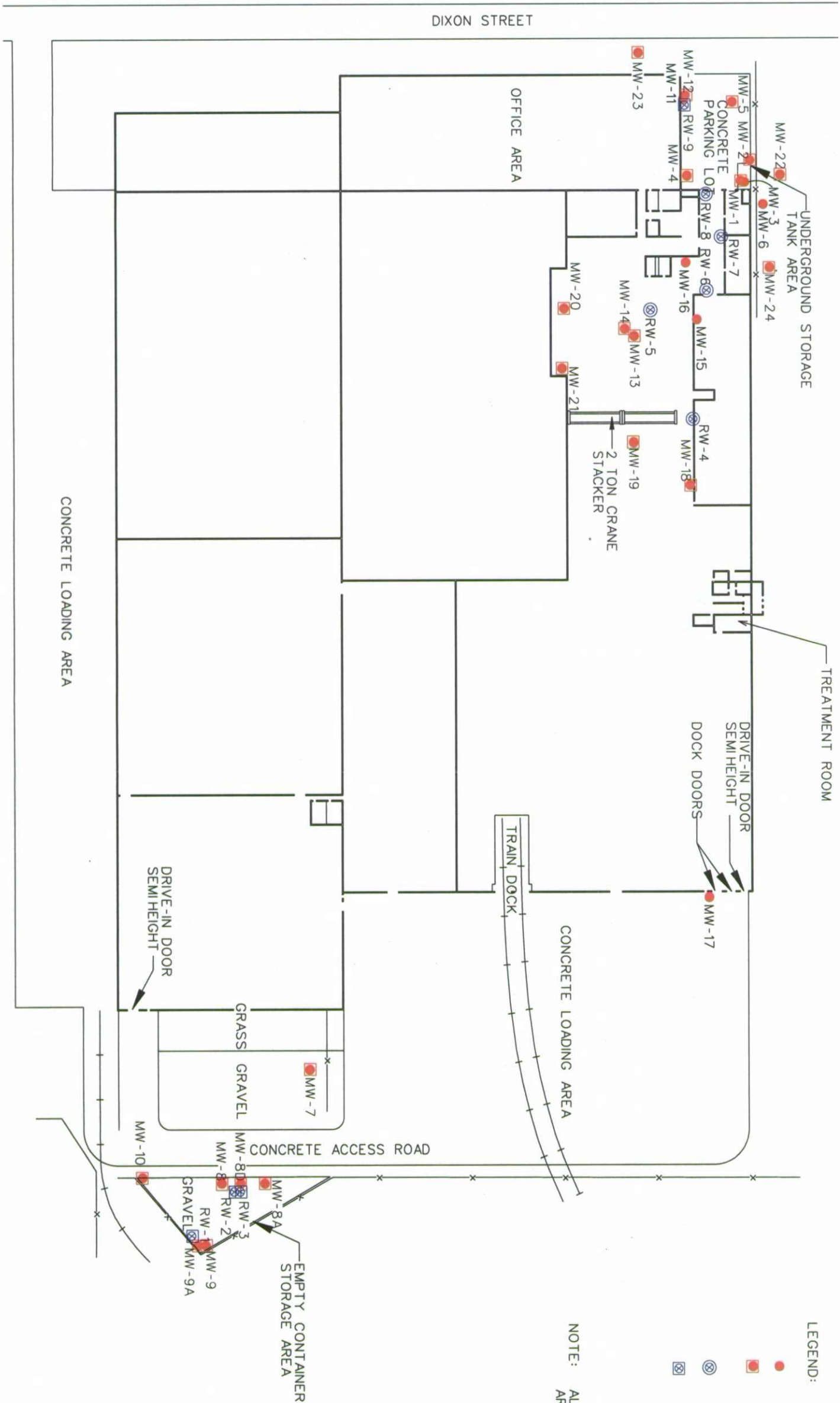
Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to local county agent:

John Bein/Jim McCasland
 Polk County Health Department
 5895 NE 14th Street
 Des Moines, IA 50313

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



MWH

Des Moines
IOWA

NOMA INDUSTRIES, INC

MONITORING AND
RECOVERY WELL
LOCATIONS

FIGURE

1