Abandoned Water Well Plugging Record

1. Owner	tulles Marso State: IA	
Name: NFG LLC Ci Address: $P \cdot 0$. $B \circ \times 307$ Z	in: 52175 Phone: (563) 422 2000	
2. Well (Cistern) Location: PAece AF The SE 1/4 of Sw 1/4 of Section 17, Twp. 941 7aye He County, Describe well located	N, Range 7 West/East (circle one) ion on property:	
3. Description:		
1	l: steel, plastic, concrete, clay, brick, stone (circle one)	
Depth to water: 9 ft. Casing diameter 18" in. Type of constr	uction: drilled, driven, with dug, augered	
	(circle one)	
	is is a Monitoring Well Well ID: MW-7	
Check if Cistern depth: <u>ft.</u> di	ameter: <u>ft.</u>	
The miny thus well has been plugged as required (dAC), hagied to provide any additional priorities for Signature (E). Signature of \(\theta\) vales:	by mile (67–39) Stold the Howe, administrative Code for the Court of t	
If plugged by certified well contractor, complete this	s box:	
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC). Signature of Contractor: Cert. No.:		
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:		
rae Ingabite tion Calculis no Corumnes cost share; F.J. YiEs	. Ling (Delemmed by County Agent) - 1	
Complete one form for each well above 1's 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:	
	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034	
DNR FORM (PEV 12/05)	Des Maumes, IA 30317-0034	

DNR FORM (REV 12/95)

542-1226

1. Owner	States TA
Name: NFG LLC C	ity: <u>West Union</u> State: <u>IA</u> ip: <u>52175</u> Phone: <u>(563)</u> 422 2000
Address: $f \cdot o \cdot B \circ \times 307$ Z	ip: 52173 Phone: (365) 422 2000
2. Well (Cistern) Location: PAecec AF SE 14 of SW 14 of Section 17, Twp. 94 Taye He County, Describe well located	N. Range 1 West/East (circle one)
3. Description:	
,	l: steel, plastic, concrete, clay, brick, stone
Depth to water: 9 ft.	(circle one) auction: drilled, driven, word, dug, augered
Vr. or decade constrd :	(circle one)
Depth of casing: 9 ft. Check X if th	is is a Monitoring Well Well ID: MW - 3
	ameter: <u>ft.</u>
If accepting came, we distract, became policing acceptance and acc	by hither 2017, 32 to to include the triple to the hiterarchies decided in the community of department of the community
If plugged by certified well contractor, complete this	······································
I have plugged this well as required by rule 567-39 Signature of Contractor:	9.8 of the Iowa Administrative Code (IAC). Cert. No.:
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:	
TEMPONIC fice Chamistic Columnes cost share; T. YES	LINO (Deusimined by County Again)
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: NFG LLC Ci	ity: hlost Knion State: IA	
Address: $6.0.$ Box 307 Z	ity: <u>West Kn.on</u> State: <u>IA</u> Sip: <u>52175</u> Phone: (563) 422 2000	
2. Well (Cistern) Location: PACCEL AF SE 1/4 of, Section 17, Twp. 94 7 7aye He County, Describe well located to the section of the section o	A o N. Range 8 West/East (circle one)	
3. Description:		
Well depth: 9 ft. Casing materia	l: steel, plastic, concrete, clay, brick, stone	
Depth to water: 9 ft.	(circle one)	
 ,	ruction: drilled, driven, word, dug, augered (circle one)	
Yr. or decade constrd.: Depth of casing: 9 ft. Check X if th	is is a Monitoring Well Well ID: MW- 2	
Check if Cistern depth: ft. di	iameter: ft.	
Decomin inns well-lass been phogged as motioned that the provide any subhidosabhahomea dhis well. Signaling of Owner.	by shalle N67. 9,8 on ithre down which allowed concentions (Ion dhe communy or departmental diseas meet concentings	
If plugged by certified well contractor, complete thi	s box:	
I have plugged this well as required by rule 567-39 Signature of Contractor:	9.8 of the Iowa Administrative Code (IAC). Cert. No.:	
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:		
ABIQUOTE vier Chamissic Countries cost share [7] Wes	S. NO. (Determined by County Assmi).	
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	
ONR FORM (REV 12/95)	542-1226	

Abandoned Water Well Plugging Record

1. Owner	triblact Margo State: IA	
Name: NFG LLC Ci Address: P.O. Box 307 Z	in: 52125 Phone: (563) 422 2000	
Address: $1.0.80$ 20	ip. 323 Inone. 1	
2. Well (Cistern) Location: O Acce AF T	40	
2. Well (Cistern) Location: PACCEL AF SE 1/4 of, Sw 1/4 of, Section 17, Twp. 941	N, Range 7 West/East (circle one)	
7aye He County, Describe well location on property:		
3. Description:		
Well depth: 9 ft. Casing materia	l: steel, plastic, concrete, clay, brick, stone	
Depth to water: 9 ft.	(circle one)	
Casing diameter /½" in. Type of constr	uction: drilled, driven, with dug, augered	
Yr. or decade constrd.:	(circle one)	
	is is a Monitoring Well Well ID: MW - 6	
Check if Cistern depth: <u>ft.</u> di	ameter:ft.	
Tresining ibns, well brestbeep polyneged as expunded. (IDAC): Trepates norphowide and extellinional hydrogonal ulus well. Signaturie of Oxoners.	. Belgiggi German lateral visiga da emilitas dela rica vigigia da fra	
If plugged by certified well contractor, complete this	s box:	
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC). Signature of Contractor: Cert. No.:		
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:		
SEDICIDAE (ION CHEMISERO COMMINES COSPONERIE) Y/ES	S., [3] NO ((Detadopined by Coentry Again).	
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	

542-1226

1. Owner	and Ta
Name: NFG LLC Consider Address: $9.0.80x$ 307 Z	ity: West knion State: In
Address: $\underline{P \cdot 0} \cdot \underline{B} \circ \underline{\kappa} = \underline{307} = \underline{Z}$	ip: 52173 Phone: (363) 422 2800
2. Well (Cistern) Location: PAecel AF SE 1/4 of, Section 17, Twp. 94 of Taye He County, Describe well located	N, Range 7 West/East (circle one) ion on property:
3. Description:	
Well depth: 9 ft. Casing materia	l: steel, plastic, concrete, clay, brick, stone
Depth to water: Casing diameter 7 ft. 1% in. Type of constr	(circle one)
Casing diameter 1% in. Type of constr Yr. or decade constrd.:	uction: drilled, driven, word, dug, augered (circle one)
Depth of casing: 9 ft. Check X if th	is is a Monitoring Well Well ID: MW - 8
	ameter: <u>ft.</u>
il estilid tiblis veill liver been johngged est requined (IAC). I seglet ha intervide sinv tidibiliopsal belicumsi ilhis veill Signennice of Oxyner.	
If plugged by certified well contractor, complete thi	s box:
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i Dhyddle iwr Chemis io Countres cost share: [7788	i. [] INO. ((Decemping of the Geography Agreem)
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DNR FORM (REV 12/95)	542-1226

1. Owner	triblect Knies State: IA	
Name: NFG LLC Ci Address: P.O. Box 307 Z	in: 52125 Phone: (563) 422 2000	
Address: 1.0. Box 307	ip. 32 3 I none. 1	
2. Well (Cistern) Location: PACCEL AF AO SE 4 of, SW 4 of, 4 of, Section 17, Twp. 94 N, Range 8 West/East (circle one)		
3. Description:		
Well depth: 9 ft. Casing materia	l: steel, plastic, concrete, clay, brick, stone	
Depth to water: 9 ft.	(circle one)	
Casing diameter Yr. or decade constrd.: Yr. or decade constrd.:	uction: drilled, driven, word, dug, augered (circle one)	
Depth of casing: 9 ft. Check X if th	is is a Monitoring Well Well ID: MW-9	
Check if Cistern depth: ft. di		
<u> </u>		
	by multi-X67-89.3 rojentara kover. Administratif Galeriald nom tibre commity for depending inclinal med concenting	
Shappointe of Oxymens	Transmission and the Balling Color (1997) and	
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Beligible for Chantesio-Countres cost shade [7] YES	NiO) (iDeliennmated by (Conting) Aganti);	
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:	
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	Des Moines, IA 50319-0034	
ONR FORM (REV 12/95)	542-1226	