

Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner

Name: NFG LLC City: West Union State: IA  
Address: P.O. Box 307 Zip: 52175 Phone: (563) 422 2000

2. Well (Cistern) Location: Parcel A F & A O  
SE 1/4 of SW 1/4 of, 1/4 of, Section 17, Twp. 94 N, Range 8 West/East (circle one)  
Fayette County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth:	<u>9</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	<u>9</u> ft.	(circle one)
Casing diameter	<u>1 1/2</u> in.	Type of construction: drilled, driven, <u>augered</u> , dug, augered
Yr. or decade constrd.:	_____	(circle one)
Depth of casing:	<u>9</u> ft.	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: 6/7/97

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.: \_\_\_\_\_

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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Name: NFG LLC City: West Union State: IA  
Address: P.O. Box 307 Zip: 52175 Phone: (563) 422 2000

**2. Well (Cistern) Location:** Parcel AF & AO  
SE 1/4 of SW 1/4 of, 1/4 of, Section 17, Twp. 94N, Range 7 West/East (circle one)  
Fayette County, Describe well location on property: \_\_\_\_\_

**3. Description:**

Well depth: 9 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
(circle one)  
Depth to water: 9 ft.  
Casing diameter: 1 1/2 in. Type of construction: drilled, driven, bored, dug, augered  
(circle one)  
Yr. or decade constrd.: \_\_\_\_\_  
Depth of casing: 9 ft. Check ☒ if this is a Monitoring Well Well ID: MW-3

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: 2/2/03

*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.: \_\_\_\_\_

*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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Address: P.O. Box 307 Zip: 52175 Phone: (563) 422 2000

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

Parcel A F & A D  
SE 1/4 of SW 1/4 of, 1/4 of, Section 17, Twp. 94 N, Range 8 West/East (circle one)  
Fayette County, Describe well location on property: \_\_\_\_\_

**3. Description:**

Well depth: 9 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
Depth to water: 9 ft. (circle one)  
Casing diameter: 1 1/2 in. Type of construction: drilled, driven, boxed, dug, augered  
Yr. or decade constrd.: \_\_\_\_\_ (circle one)  
Depth of casing: 9 ft. Check ☒ if this is a Monitoring Well Well ID: MW-2

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: 2/7/97

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.: \_\_\_\_\_

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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2. Well (Cistern) Location: Parcel AF & AO  
SE 1/4 of SW 1/4 of, 1/4 of, Section 17, Twp. 94N, Range 8 West/East (circle one)  
Fayette County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth: 9 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
Depth to water: 9 ft. (circle one)  
Casing diameter: 1 1/2" in. Type of construction: drilled, driven, bored, dug, augered  
Yr. or decade constrd.: \_\_\_\_\_ (circle one)  
Depth of casing: 9 ft. Check ☒ if this is a Monitoring Well Well ID: MW-6

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: 2/1/03

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.: \_\_\_\_\_

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2. Well (Cistern) Location: Parcel A F & A O  
SE 1/4 of SW 1/4 of, 12 Section 94 N, Range 8 West/East (circle one)  
Fayette County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth: 9 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
Depth to water: 9 ft. (circle one)  
Casing diameter: 1 1/2 in. Type of construction: drilled, driven, augered, dug, (circle one)  
Yr. or decade constrd.: \_\_\_\_\_  
Depth of casing: 9 ft. Check ☒ if this is a Monitoring Well Well ID: MW - 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: \_\_\_\_\_ Date Plugged: 6/2/03

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.: \_\_\_\_\_

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**2. Well (Cistern) Location:** Parcel A F & A O  
SE 1/4 of SW 1/4 of, 1/4 of, Section 17, Twp. 94 N, Range 8 West/East (circle one)  
Page He County, Describe well location on property: \_\_\_\_\_

**3. Description:**

Well depth: 9 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
Depth to water: 9 ft. (circle one)  
Casing diameter: 1 1/2 in. Type of construction: drilled, driven, augered, dug, (circle one)  
Yr. or decade constrd.: \_\_\_\_\_  
Depth of casing: 9 ft. Check ☒ if this is a Monitoring Well Well ID: MW-9

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: 2/1/03

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Signature of Contractor: \_\_\_\_\_ Cert. No.: \_\_\_\_\_

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