

Webster City Custom Meats, Inc.

1611 E. 2ND ST.
(515) 832-1130

P.O. BOX 280
FAX (515) 832-5515

WEBSTER CITY, IOWA 50595-0280
www.webstercitycustommeats.com

CON 12-15
Doc # 25033

August 17, 2011

Iowa Department of Natural Resources
Wallace State Office Building
900 East Grand Ave.
Des Moines, Iowa 50319

Mr. Hylton Jackson,

The enclosed well closure paperwork completes the corrective action in cooperation with the IDNR Land Recycling Program concerning 1607 – 1611 E. 2nd St., Webster City, Iowa 50595. (Project #08047071)

It is our understanding that this project has reached completion at this time.

Sincerely,

Dean Bowden
President

60815 AM 9:24 08/19/11

Terracon

August 3, 2011

Mr. Dean Bowden
Webster City Custom Meats
1611 East 2nd Street, P.O. Box 280
Webster City, Iowa 50595

Telephone Number: 515-832-1130
Fax Number: 515-832-5515

**Re: Closure Documentation for
1607-1611 East 2nd Street
Webster City, Iowa
Project No. 08047071**

Dear Mr. Bowden:

Terracon Consultants, Inc. (Terracon) has completed the well abandonment for the above-referenced property. The site has now fulfilled its closure requirements as outlined by the IDNR.

Please sign each of the attached Twenty-three well records, copy for your records, and attach a cover letter to the IDNR. One copy of the cover letter and abandonment forms should be submitted to the IDNR at the following addresses:

Iowa Department of Natural Resources
Wallace State Office Building
900 East Grand Avenue
Des Moines, IA 50319
Attention: Mr. Hylton Jackson

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

A third copy should be forwarded to Hamilton County:

Mr. Al Haberman
Hamilton County
821 Seneca Street
Webster City, Iowa 50595

60816 AM 9:24 08/19/11

Terracon Consultants Inc, 600 SW Seventh St. Suite M Des Moines, IA 50309
P [515] 244-3184 F [515] 244-5249



Geotechnical



Environmental



Construction Materials



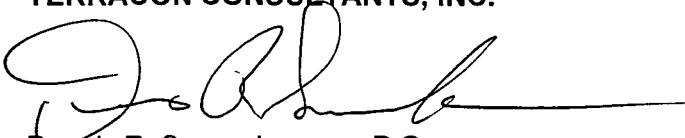
Facilities

Well Abandonment Forms
Webster City Custom Meets, Webster City, Iowa
Terracon Project No. 08047071
August 3, 2011

Terracon

If there are any questions concerning this report, or if we may be of further assistance, please contact Dennis at 515-244-3184.

Sincerely,
TERRACON CONSULTANTS, INC.

A handwritten signature in black ink, appearing to read 'D. Sensenbrenner', with a long horizontal line extending to the right.

Dennis R. Sensenbrenner, P.G.
Environmental Department Manager

Copies to: Charles F. Becker, Belin Law Firm

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-2

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: East side of west warehouse building, (9'-9" east and 1' north of overhead door SE building corner)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>24.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>5.43 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>24.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I D.: <u>MW-2</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: Dean A. Bonden Pres. Date Plugged: 6/9/11

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. 5902

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:

Hamilton County, Al Haberman 821 Seneca Street Webster City, Iowa 50595 (515) 832-9510	Water Supply Section Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
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Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>
	<u>280, Webster City, Iowa</u>				

2. Well (Cistern) Location: MW-3

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: West side of west warehouse building, (12' S of roof change along west wall and 3'-6" west)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>13.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>2.01 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>13.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-3</u>
Check <input type="checkbox"/> 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: Dean A. Bowden Pres. Date Plugged: 6/9/11

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: Mike C. Wiseman Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-4

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: North side of west warehouse building,
in the indentation driveway.

~~Address: 1611 East 2nd Street, Webster City, Iowa~~

3. Description:

Well depth:	<u>16.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>7.05 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>16.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-4</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: Deay A Borden Pres. Date Plugged: 6/9/11

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: Mark C. Morrison Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-5A

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: North of northwest corner of west warehouse building (125' North)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>48.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>32.67 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>48.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-5A</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: Dean A. Bowden Pres Date Plugged: 6/9/11

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: M. R. Wilson Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>
	<u>280, Webster City, Iowa</u>				

2. Well (Cistern) Location: MW-5B

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: North of northwest corner of west warehouse building (125' North)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>17.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>3.31 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>17.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-5B</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: Dean A. Borden Pres. Date Plugged: 6/9/11

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: Mike C. [Signature] Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-6

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: North of northeast corner of west warehouse building (125' North, 7' E and 1' N of post)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>16.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>4.06 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>16.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-6</u>
Check <input type="checkbox"/> 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: Dean A. Burdette Pres. Date Plugged: 6/9/11

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: Mike M. Munn Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-7B

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: In the farm field North of northwest corner of west warehouse building (500' North, above ground riser box)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>16.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>7.52 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>16.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-7B</u>
Check <input type="checkbox"/> 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: Dean A. Bonden Pres. Date Plugged: 6/9/11

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. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-8

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: North of northwest corner of west warehouse building (62' North)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>15.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>3.52 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>15.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-8</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: Deau A. Borden Pres. Date Plugged: 6/9/11

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. 5902

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:

HAMILTON COUNTY, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-9

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West
Polk County, Describe well location on property: Inside central courtyard of west warehouse building
Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>15.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>3.99 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>15.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-9</u>
Check <input type="checkbox"/> 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: Dean A. Burden Pres. Date Plugged: 6/9/11

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: Michael Wiseman Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-10

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West
Polk County, Describe well location on property: Inside west warehouse building, central NE quadrant.
Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>18.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>4.57 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>18.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-10</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: Dean A. Gorden, Pres. Date Plugged: 6/9/11

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: Mike L. Morrison Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-11

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West
Polk County, Describe well location on property: West side of east main building, midway north to south.

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>20.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>4.52 ft.</u>	Type of construction:	<u>drilled</u>
Casing diameter:	<u>2" in.</u>	Yr. or decade constrd.:	<u>2002</u>
Depth of casing:	<u>20.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well ID.: <u>MW-11</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: Dean A. Bowden Pres. Date Plugged: 6/9/11

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: Mike M. Munn Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-12A

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West
Polk County, Describe well location on property: South of east main building and
Rail Road ROW, west well.

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>36.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>6.22 ft.</u>	Type of construction:	<u>drilled</u>
Casing diameter:	<u>2" in.</u>	Yr. or decade constrd.:	<u>2002</u>
Depth of casing:	<u>36.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-12A</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: Debra A. Bowden Pres. Date Plugged: 6/9/11

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: MR C. W. Wimmer Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-12B

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West
Polk County, Describe well location on property: South of east main building and Rail Road ROW, east well.
Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>20.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>6.88 ft.</u>	Type of construction:	<u>drilled</u>
Casing diameter:	<u>2" in.</u>	Yr. or decade constrd.:	<u>2002</u>
Depth of casing:	<u>20.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-12B</u>
Check <input type="checkbox"/> 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: Dean A. Gordon, Pres. Date Plugged: 6/9/11

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: Mark E. McManis Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-13

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: Inside east main building in NW quadrant, sausage room.

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>15.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>4.64 ft.</u>	Type of construction:	<u>drilled</u>
Casing diameter:	<u>2" in.</u>	Yr. or decade constrd.:	<u>2002</u>
Depth of casing:	<u>15.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-13</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: Dean A. Gordon Pres. Date Plugged: 6/10/11

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: Mike Mann Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-14

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: East side of east main building
SE side between east fence and
building.

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>17.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>4.40 ft.</u>	Type of construction:	<u>drilled</u>
Casing diameter:	<u>2" in.</u>	Yr. or decade constrd.:	<u>2002</u>
Depth of casing:	<u>17.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-14</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: Dean A. Burden Pres. Date Plugged: 6/9/11

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: Mark C. Muehlen Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-15

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West
Polk County, Describe well location on property: South side of east main building.

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>19.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>4.98 ft.</u>	Type of construction:	<u>drilled</u>
Casing diameter:	<u>2" in.</u>	Yr. or decade constrd.:	<u>2002</u>
Depth of casing:	<u>19.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-15</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: Dean A. Bonden Pres. Date Plugged: 6/9/11

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: Mike Morrison Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-16

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: West side of east main building, east of main office door.

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>15.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>5.05 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2002</u>		
Depth of casing:	<u>15.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-16</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: Dean A. Bordew Pres. Date Plugged: 6/9/11

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. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box</u> <u>280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-17

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk County, Describe well location on property: Outside north loading dock
main building, west side near
stairs.

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>15.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>0.45 ft.</u>	Type of construction:	<u>drilled</u>
Casing diameter:	<u>2" in.</u>	Yr. or decade constrd.:	<u>2002</u>
Depth of casing:	<u>15.0 ft.</u>	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: Dean A. Bowden Pres. Date Plugged: 10/5/10

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: MPC Warriner Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-18

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West
Polk County, Describe well location on property: North of northeast corner of west warehouse building (33' North)
Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>16.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>3.78 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2004</u>		
Depth of casing:	<u>16.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-18</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: Dean A. Borden Pres Date Plugged: 6/9/11

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: MRC Moseman Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-19

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk

County,

Describe well location on property:

In the loading dock ramp on the east
side of the west warehouse building
(east side of the ramp)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>14.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>2.58 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2004</u>		
Depth of casing:	<u>14.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-19</u>
Check <input type="checkbox"/> 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: Deann A. Sorden Pres Date Plugged: 6/9/11

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. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-20

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk

County,

Describe well location on property:

In the main drive between the buildings (11' W and 2' S of the NW corner of the storm water intake)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>16.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>5.60 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2004</u>		
Depth of casing:	<u>16.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-20</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: Deau A. Borden Pres. Date Plugged: 6/9/11

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: Mike C. Williams Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: MW-21

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West

Polk

County,

Describe well location on property:

North of northeast corner of west warehouse building (30.2' E of fire hydrant)

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>16.0 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>4.62 ft.</u>		
Casing diameter:	<u>2" in.</u>	Type of construction:	<u>drilled</u>
Yr. or decade constrd.:	<u>2004</u>		
Depth of casing:	<u>16.0 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-21</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: Deon A. Borden Pres. Date Plugged: 6/9/11

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: Michael M. Wimmer Cert. No. 5902

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:

Hamilton County, Al Haberman
821 Seneca Street
Webster City, Iowa 50595
(515) 832-9510

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name:	<u>Webster City Custom Meats</u>	City:	<u>Webster City</u>	State:	<u>Iowa</u>
Address:	<u>1611 East 2nd Street, P.O. Box 280, Webster City, Iowa</u>	Zip:	<u>50595</u>	Phone:	<u>515-832-1130</u>

2. Well (Cistern) Location: PMW-22

SW 1/4 of, SE 1/4 of, SW 1/4 of, Section 34, Twp 89 N, Range 25 West
Polk County, Describe well location on property: East of the northeast corner of the west warehouse building, in the drive to the loading dock ramp.

Address: 1611 East 2nd Street, Webster City, Iowa

3. Description:

Well depth:	<u>40.5 ft.</u>	Casing material:	<u>2" PVC pipe</u>
Depth to water:	<u>5.22 ft.</u>	Type of construction:	<u>drilled</u>
Casing diameter:	<u>2" in.</u>	Yr. or decade constrd.:	<u>2006</u>
Depth of casing:	<u>40.5 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>PMW-22</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: Debra A. Borden Pres. Date Plugged: 6/9/11

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: Mike McMan Cert. No. 5902

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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