

CON 12-15
Doc #29202

April 16, 2014

Tami Quam
Environmental Specialist Senior
Contaminated Sites Section
Iowa Department of Natural Resources
502 E. 9th Street
Des Moines, IA 50319-0034

RE: Agrimergent Drum Site, Des Moines, Iowa
Activity ID 21-2013-005

Dear Ms. Quam:

The monitoring wells associated with the above-referenced site have been properly abandoned. I am submitting a copy of the well abandonment forms for Iowa Department of Natural Resources records.

If you have any questions or concerns, please do not hesitate to call me at 283-4028.

Yours very truly,

A handwritten signature in black ink, appearing to read "D. N. McGuffin", written over a light blue horizontal line.

David N. McGuffin, P.E.
Civil Engineer II

DNM:lav

Enclosures

04086 APR18'14 AM11:32

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner

Name:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

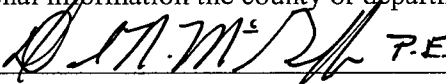
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

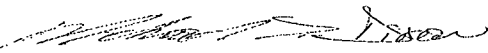
Well Depth:	44.00	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	16.46	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	2	in	Yr. or decade constrd.:	Unk.
Depth of casing:	Unk.	ft.	Check <input checked="" type="checkbox"/> if this is a monitoring well	Well I.D.: <u>DMW-56</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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	23.90	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	16.67	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	2	in		
Yr. or decade constrd.:	Unk.			
Depth of casing:	Unk.	ft.	Check Y if this is a monitoring well	Well I.D.: <u>MW-50</u>


Check **Y** 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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: **Y** YES **Y** 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

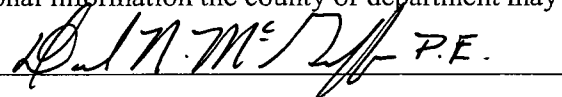
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	<u>22.95</u>	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	<u>16.98</u>	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	<u>2</u>	in	Yr. or decade constrd.:	<u>Unk.</u>
Depth of casing:	<u>Unk.</u>	ft.	Check Y if this is a monitoring well	Well I.D.: <u>MW-51</u>

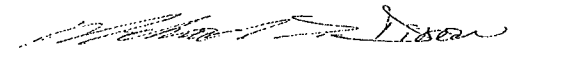
Check **Y** if Cistern depth: _____ ft. diameter: _____ ft.

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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: **Y** YES **Y** 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

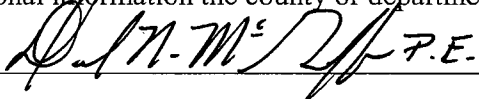
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	20.50 ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	16.21 ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	2 in		
Yr. or decade constrd.:	Unk.		
Depth of casing:	Unk. ft.	Check Y if this is a monitoring well	Well I.D.: <u>MW-52</u>


Check **Y** 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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

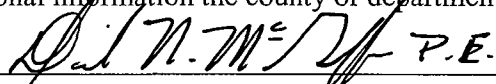
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	<u>17.80</u>	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	<u>15.03</u>	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	<u>2</u>	in		
Yr. or decade constrd.:	<u>Unk.</u>			
Depth of casing:	<u>Unk.</u>	ft.	Check Y if this is a monitoring well	Well I.D.: <u>MW-53</u>


Check **Y** 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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

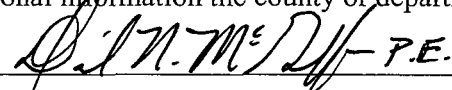
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	<u>22.70</u>	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	<u>16.98</u>	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	<u>2</u>	in		
Yr. or decade constrd.:	<u>Unk.</u>			
Depth of casing:	<u>Unk.</u>	ft.	Check Y if this is a monitoring well	Well I.D.: <u>MW-54</u>


Check **Y** 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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

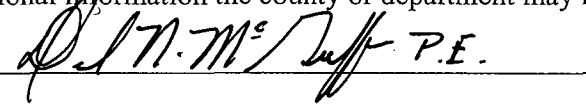
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	22.90	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)	
Depth to Water:	16.13	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)	
Casing diameter:	2	in	Check <input checked="" type="checkbox"/> if this is a monitoring well	Well I.D.:	MW-55
Yr. or decade constrd.:	Unk.				
Depth of casing:	Unk.	ft.			


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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

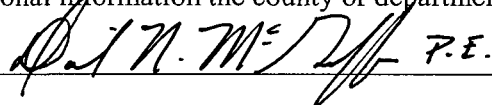
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	22.32	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	14.92	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	2	in		
Yr. or decade constrd.:	Unk.			
Depth of casing:	Unk.	ft.	Check <input checked="" type="checkbox"/> if this is a monitoring well	Well I.D.: <u>MW-56</u>

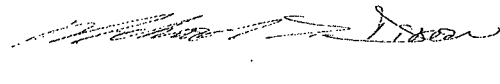
Check if Cistern depth: _____ ft. diameter: _____ ft.

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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

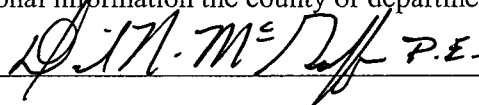
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	21.40	ft.	Casing material:	steel, plastic, concrete, clay, brick, stone (circle one)
Depth to Water:	15.60	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	2	in		
Yr. or decade constrd.:	Unk.			
Depth of casing:	Unk.	ft.	Check <input checked="" type="checkbox"/> if this is a monitoring well	Well I.D.: <u>MW-57</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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

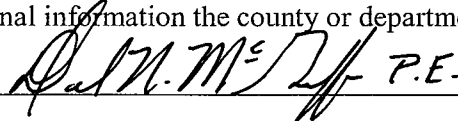
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	21.75	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	15.53	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	2	in.		
Yr. or decade constrd.:	Unk.			
Depth of casing:	Unk.	ft.	Check <input checked="" type="checkbox"/> Y if this is a monitoring well	Well I.D.: <u>MW-58</u>

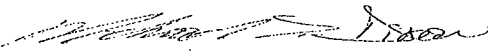
Check Y if Cistern depth: _____ ft. diameter: _____ ft.

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:  P.E. Date Plugged: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

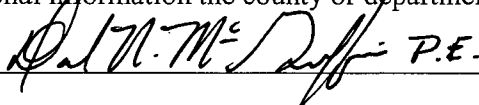
SE ¼ of NE ¼ of NE ¼ of Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	21.65	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	14.45	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	2	in		
Yr. or decade constrd.:	Unk.			
Depth of casing:	Unk.	ft.	Check <input checked="" type="checkbox"/> if this is a monitoring well	Well I.D.: <u>MW-59</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:  P.E. Date Plugged: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	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:	City of Des Moines	City:	Des Moines	State:	Iowa
Address:	400 Robert D. Ray Drive	Zip:	50309	Phone:	515-283-4028

2. Well (Cistern) Location:

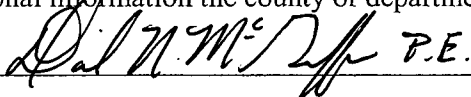
SE ¼ of. NE ¼ of. NE ¼ of. Section 7, Twp. 78 N, Range 23 West (circle one)
 Polk County. Describe well location on property: See Attached Map

3. Description

Well Depth:	<u>22.53</u>	ft.	Casing material:	steel, plastic , concrete, clay, brick, stone (circle one)
Depth to Water:	<u>15.46</u>	ft.	Type of construction:	drilled, driven, bored, dug, augered (circle one)
Casing diameter:	<u>2</u>	in		
Yr. or decade constrd.:	<u>Unk.</u>			
Depth of casing:	<u>Unk.</u>	ft.	Check Y if this is a monitoring well	Well I.D.: <u>MW-60</u>

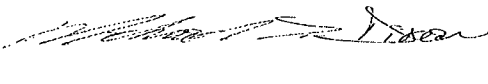
Check **Y** if Cistern depth: _____ ft. diameter: _____ ft.

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: 3/7/14

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. 8438

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 oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: Y YES Y 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:

Randy Banks 5895 NE 14 th St. Des Moines, IA 50313 515-286-3376	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
---	--

