

M C CON 12-15 Doc #29972

August 20, 2014

Dean McAtee	
McAtee Tire, Inc.	
100 W. 2 <sup>nd</sup> Street	
Atlantic, IA 50022	•

We are transmitting herewith:

Item	Date	Description	
1	August 2014	Well Abandonment Forms (3 copies)	
		McAtee Tire 100 W. 2 <sup>nd</sup> Street	
		Atlantic, Iowa	
		LUST #: 7LTC02	
		UST #: 8608123	

#### Remarks:

Dear Mr. McAtee:

Enclosed are three sets of Well Abandonment forms for the above referenced site.

- Please sign the well abandonment forms and forward to the IDNR LUST Section and the county agent using the supplied address labels. One copy is for your records.
- If you wish to apply for a NFA (No Further Action) certificate, please include a legal description along with the well abandonment forms to the IDNR LUST Section.

Please call me at 515-256-8814 if you have any questions.

Respectfully yours,

By:

Darren Fife

Environmental Operations Manager

cc:

IDNR LUST County Agent Cunningham Lindsey

1	$\sim$	
	Owne	

Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:		
		-			UST# 8	608123
2. Well (Cisto	ern) Location:					
NE ¼ of.	NE ¼ of. SW ¼ of. Section 5 County. D		vp. 76 Prell location on p	·		(circle one) d Map
3. Descriptio	n .					•
Well Depth:	19.82 ft. Casing material:		steel, plastic,	concrete, cla	y, brick,	stone
Depth to Water: Casing diameter	15.23 ft. 2 in Type of construct		(circle one) drilled, driven	bored dug	angere	d
Yr. or decade co			(circle one)	, 00100, 000	, augure	-
Depth of casing:	Unk. ft. Check Y if this	is a moni	toring well	Well I.D.:		22MW2
Check N if Cis	stern depth:ft.	diam	eter:	ft.		
	well has been plugged as required by rule ide any additional information the count					
Signature of	Owner:		·	_ Date Plug	gged:	7/31/14
	ertified well contractor, complete this box: d this well as required by rule 567-39.8	of the Io	owa Adminis	trative Code	(IAC).	
Signature of	Contractor:	Soo	٠	Cert. 1	No.	8438
The property	od by well owner, complete this box:  y owner has plugged this well follower code with oversight and assistance of				7-39.8	of the Iowa
Signature of	County Agent:			Date Appr	oved:	
Eligible for G	rants-to-Counties cost share: Y YES Y	NO (	Determined	by County A	agent)	
Complete one	form for each well plugged and submit					
···			if no county a		ble, to:	
Steve Patterson	ı		Supply Sectio			
200 N. Fifth St			ment of Natu		S	
Guthrie Center 641-747-8320			st Grand Ave bines, IA 5031			
DNR FORM (		DES IVIO	nnes, 1A 5031	7-0034		542-1226
	· ·= · · · <del>- · · ·</del>					<b></b>

Owner

Name:	McAtee 7	Tire, Inc. (D	ean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 21	nd Street		Zip:	50022	Phone:		
						_	UST# 8	3608123
2. Well (Ciston NE 1/4 of NE 1/4 of NE 1/4 of NE	NE ¼ o	29.30 14.44 2 Unk. Unk.		Describe we can be calculated as the calculated	steel, plastic, (circle one) drilled, driver (circle one)	concrete, cla n, bored, dug Well I.D.:	6 Wes be Attache ay, brick g, augere	t (circle one) d Map
I certify this	well has b	een plugge	d as required by ru formation the coun	le 567-3	9.8 of the Iov	— wa Administ		
Signature of	Owner:					_ Date Plug	gged:	7/31/14
			r, complete this box: ed by rule 567-39.8	of the Id	owa Adminis	strative Code	: (IAC).	
Signature of	Contract	or:	1	Sixon	ر	Cert. 1	No.	8438
<b>OR</b> , 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.							of the Iowa	
Signature of	County A	Agent:				_ Date Appr	roved:	
Eligible for G	Frants-to-C	Counties co	st share: Y YES	Y NO (	Determined	by County A	Agent)	
•		•	lugged and submit					
within 30 days		I county age	ent:		if no county a		able, to:	
Steve Patterson					Supply Section		_	
200 N. Fifth St		ξ.			ment of Natu		<b>*</b> S	
Guthrie Center 641-747-8320	, 174 30113	,			st Grand Ave pines, IA 5031			
DNR FORM (	REV 12/9	5)			cs, 1/1 5051	.∠.vv•	<del></del>	542-1226

### Abandoned Water Well

### Plugging Record

	Owner
1.	OWILL

1. Owner	•					•
Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:		
		<del></del>			UST# 8	3608123
2. Well (Cist	ern) Location:					
NE ¼ of. Cass	NE ¼ of. SW ¼ of. Section County.		vp. <u>76</u> N, vell location on pr	Range 30 Se	Mes e Attache	t (circle one) d Map
3. Descriptio	n					
Well Depth: Depth to Water: Casing diameter Yr. or decade co Depth of casing	: 2 in Type of constructionstructions.	ction:	steel, plastic, (circle one) drilled, driven, (circle one) toring well		augere	
Check N if Cit	stern depth:ft.	diam	eter:	ft.		
• •	well has been plugged as required by ruide any additional information the coun					` '
Signature of	Owner:	· · · · · · · · · · · · · · · · · · ·	·	Date Plug	gged:	7/31/14
	pertified well contractor, complete this box: ad this well as required by rule 567-39.8	of the Io	owa Administr	ative Code	(IAC).	
Signature of	Contractor:	Door	<u> </u>	Cert. N	No.	8438
OR If plugge	ed by well owner, complete this box:					
The property	owner has plugged this well follower Code with oversight and assistance of				7-39.8	of the Iowa
Signature of	County Agent:			Date Appr	oved:	
Eligible for G	rants-to-Counties cost share: Y YES	Y NO (	Determined by	y County A	gent)	
within 30 days	form for each well plugged and submit to the local county agent:		if no county ag	ent is availa	ble, to:	·
Steve Patterson 200 N. Fifth St			Supply Section ment of Natura			
Guthrie Center 641-747-8320		900 Eas	st Grand Avenu ines, IA 50319	ue	-	

DNR FORM (REV 12/95)

### Abandoned Water Well Plugging Record

Owner
 COWINCI

1. Owner								
Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iowa		
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:				
		<del></del>			UST# 8	3608123		
2. Well (Cistern) Location:  NE 1/4 of NE 1/4 of Sw 1/4 of Section 5 Typ 76 N Range 36 West (circle one)								
NE 4 of. NE 4 of. SW 4 of. Section 5 , Twp. 76 N, Range 36 West (circle one)  Cass County. Describe well location on property: See Attached Map								
3. Description	•		·	• •				
Well Depth: Depth to Water: Casing diameter			steel, plastic, o (circle one) drilled, driven,					
Yr. or decade co	onstrd.: Unk.		(circle one)		_			
Depth of casing	: Unk. ft. Check Y if this	is a moni	toring well	Well I.D.:		22MW5		
Check N if Ci	stern depth: ft.	diam	eter:	_ft.				
	well has been plugged as required by ruide any additional information the count							
Signature of	Owner:			Date Plug	ged:	7/31/14		
	certified well contractor, complete this box: ed this well as required by rule 567-39.8	of the Io	owa Administr	ative Code	(IAC).			
Signature of	Contractor:	Man	<u>ر</u>	Cert. N	lo.	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 Appro	oved:			
Eligible for Grants-to-Counties cost share: Y YES Y NO (Determined by County Agent)								
within 30 days	form for each well plugged and submit to the local county agent:		if no county ag	ent is availa	ble, to:			
Steve Patterson 200 N. Fifth St			Supply Section	l Dogover				
Guthrie Center			ment of Natura st Grand Avenu		•			
641-747-8320			ines, IA 50319-					

**DNR FORM** (REV 12/95)

1	Ouman
1.	Owner

Name:	McAtee Tire, Inc. (	Dean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street		– Zip:	50022	Phone:	•	
			_		_	UST# 8	8608123
	itern) Location:	¼ of. Section	5 , Tv	vp. 76	N, Range 3	6 Wes	t (circle one)
Cass				vell location on			
3. Descripti	on						
Well Depth:	39.06	ft. Casing material:		steel, plastic,	concrete, cla	ay, brick	, stone
Depth to Water Casing diameter		ft. in Type of construction	ction:	(circle one) drilled, driver	hored due	gugara	ad.
Yr. or decade of		iii Type of constitut	etion.	(circle one)	i, bored, dug	, augere	·
Depth of casing		ft. Check Y if thi	s is a moni	•	Well I.D.:		23MW2
Check N if C	Cistern	depth: ft	. diam	eter:	ft.		
agree to pro	vide any additional	ged as required by ruinformation the coun	ty or dep	partment may	need conce	rning th	is well.
Signature o	of Owner:				_ Date Plug	gged:	7/31/14
		tor, complete this box: ired by rule 567-39.8	of the I	owa Adminis	strative Code	e (IAC).	
Signature o	f Contractor:	12/10/10/10	Sixon	<u> </u>	Cert. 1	No.	8438
The proper Administration	ive Code with overs	nplete this box: gged this well follo			ty agent.		of the Iowa
Signature o	f County Agent:				_ Date Appr	ovea:	
Eligible for	Grants-to-Counties	cost share: Y YES	Y NO (	Determined	by County A	Agent)	
		plugged and submit					
	s to the local county a	gent:		if no county		ible, to:	
Steve Patterso 200 N. Fifth S				Supply Section  ment of Natu			ļ
Guthrie Cente				ment of Natu st Grand Ave		3	
641-747-8320				oines, IA 5031			
	(REV 12/95)	<del>-</del>		,			542-1226

	Owner
1.	COWINCI

	McAtee 1	ire, Inc. (D	ean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>n</sup>	d Street		– Zip:	50022	Phone:	•	
	-					<del></del>	UST#	8608123
2. Well (Cis NE	·	of. <u>SW</u>				N, Range 3 Seproperty: Seproperty		t (circle one) d Map
3. Descript	ion							
Well Depth: Depth to Wate Casing diamet Yr. or decade Depth of casin	er:constrd.:	19.60 14.54 2 Unk. Unk.	ft. Casing material:  ft. Type of construct  ft. Check Y if this	etion:	(circle one) drilled, drive (circle one)	n, bored, dug	, augere	
Check N if C	<u> </u>		lepth: ft.		neter:	ft.	<u></u>	
Signature of	of Owner:  certified we	ll contracto	or, complete this box:			Date Plug	gged:	7/31/14
I have plugg	ged this well			OI LIIC II	owa Admini			
Signature of		-	The Tax			Cert. 1	•	8438
OR, If plug. The proper	of Contract  ged by well o  ty owner	or:  wner, comp has plugg	-	owing re	equirements	Cert. l	No.	8438
OR, If plug. The proper	of Contract ged by well o ty owner live Code w	or:  wner, comp has plugg ith oversig	plete this box:	owing re	equirements	Cert. l	No. 7-39.8	8438
OR, If plug. The proper Administrat Signature of	of Contract ged by well o ty owner l ive Code w	or:  wner, comp has plugg ith oversig	plete this box:	owing ref the des	equirements ignated cour	in rule 56 nty agent.  Date Appr	No. 7-39.8 roved:	8438
OR, If plug The proper Administrat Signature of Eligible for Complete on	of Contract  ged by well of ty owner  ive Code with  Grants-to-Come form for e	or:  owner, comp has plugg ith oversig agent:  Counties co	plete this box: ed this well following the same assistance of the same and	owing ref the des	equirements ignated cour (Determined	in rule 56 nty agent.  Date Appr	No. 7-39.8 roved: Agent)	8438
OR, If plug The proper Administrat Signature of Eligible for Complete on within 30 day	of Contract  ged by well of  ty owner live Code with  Grants-to-Code form for each to the local	or:  owner, comp has plugg ith oversig agent:  Counties co	plete this box: ed this well following the same assistance of the same and	owing ref the des	equirements ignated cour	in rule 56 nty agent.  Date Appropriate Dounty Agent is availagent.	No. 7-39.8 roved: Agent)	8438
OR, If plug The proper Administrat Signature of Eligible for Complete on	of Contract  ged by well of  ty owner live Code with  Grants-to-Code form for expected the location	or:  owner, comp has plugg ith oversig agent:  Counties co	plete this box: ed this well following the same assistance of the same and	owing ref the des	equirements ignated cour  Determined  if no county  Supply Section	in rule 56 nty agent.  Date Appropriate Dounty Agent is availagent.	No. 7-39.8 roved: Agent)	8438
OR, If plug The proper Administrat Signature of Eligible for Complete on within 30 day Steve Patters	of Contract  ged by well of ty owner live Code with  of County A  Grants-to-Code form for exist the local on  Street er, IA 50115	or:  owner, complete pluggith oversige pluggith	plete this box: ed this well following the same assistance of the same and	owing ref the des	equirements ignated cour  Determined  if no county  Supply Section	in rule 56 nty agent.  Date Appropriate by County A agent is availated and agent is availated agent is availated and agent is agent agent and agent ag	No. 7-39.8 roved: Agent)	8438

1	O
1.	Owner

1. Owner						
Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:	•	
1		•			UST# 8	608123
	tern) Location:  NE ¼ of SW ¼ of Section 5 County.		vp. <u>76</u> N		6 West	(circle one) l Map
3. Description	on .					
Well Depth: Depth to Water Casing diameter Yr. or decade c	r: 2 in Type of constructionstrd.: Unk.	ion:	steel, plastic, (circle one) drilled, driven, (circle one)	bored, dug,	augeree	i i
Depth of casing	Unk. ft. Check Y if this	is a moni	toring well	Well I.D.:		MW10
Check N if C	istern depth:ft.	diam	eter:	ft.		
agree to prov	well has been plugged as required by rule vide any additional information the county  f Owner:  certified well contractor, complete this box:	or dep	partment may i		rning thi	, ,
	ed this well as required by rule 567-39.8 o	of the Io	wa Administi	rative Code	(IAC).	
Signature of	f Contractor:	Sie	<u>ب</u>	Cert. N	Vo.	8438
The propert Administrati	ed by well owner, complete this box: y owner has plugged this well follow ve Code with oversight and assistance of			agent.		of the Iowa
Signature of	f County Agent:	·		Date Appro	oved: _	
Eligible for (	Grants-to-Counties cost share: Y YES Y	NO (	Determined b	y County A	gent)	
	e form for each well plugged and submit	-ا⊷نشم	:6		<b>1.1</b>	
Steve Patterso			if no county ag		oie, to:	
200 N. Fifth S	· · · · · · · · · · · · · · · · · · ·		Supply Section ment of Natura		2	
Guthrie Cente			st Grand Aven		,	1
641-747-8320	*		ines, IA 50319			
DNR FORM		1,10				542-1226

Owner
 COWILLI

Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:		
		_			UST# 8	8608123
2. Well (Cist	tern) Location:  NE ¼ of. SW ¼ of. Section 5  County. D		vp. 76 N,			et (circle one) ed Map
3. Description	on ·					
Well Depth: Depth to Water Casing diamete Yr. or decade c Depth of casing	r: 2 in Type of constructionstrd.: Unk.		steel, plastic, of (circle one) drilled, driven, (circle one) toring well		•	
Check N if C	istern depth: ft.	diam	eter:	ft.		
agree to prov		y or dep	oartment may n		rning th	
	certified well contractor, complete this box: ed this well as required by rule 567-39.8	of the Io	owa Administr	ative Code	(IAC).	
Signature of	f Contractor:	Species	<i>ن</i>	Cert. N	Vo.	8438
The propert Administrati	ed by well owner, complete this box:  y owner has plugged this well follower Code with oversight and assistance of		ignated county	agent.		of the Iowa
Signature of	County Agent:			Date Appr	ovea:	
Eligible for (	Grants-to-Counties cost share: Y YES Y	NO (	Determined by	County A	gent)	
-	form for each well plugged and submit sto the local county agent:	or only	if no county ag	ent is availa	ble to	
Steve Patterso			Supply Section	Late 10 a valla	-10, to.	
200 N. Fifth S		Depart	ment of Natura		S	
Guthrie Cente			st Grand Avenu			
641-747-8320		Des Mo	oines, IA 50319-	0034		E42 4226
<b>DNR FORM</b>	(NEV 12/80)					542-1226

### Abandoned Water Well Plugging Record

1. Owner					
Name: McAt	ee Tire, Inc. (Dean McAtee)	City:	Atlantic	State:	Iowa
Address: 100 W	V. 2 <sup>nd</sup> Street	Zip:	50022	Phone:	
		<del></del>		UST#	8608123
2. Well (Cistern) Lo	cation:				
NE ¼ of. NE Cass		5 , Tv			st (circle one)
3. Description	County.	Describe v	vell location on propo	-	
Well Depth: Depth to Water: Casing diameter: Yr. or decade constrd.: Depth of casing:	19.73   ft.   Casing materia     11.10   ft.	action:	steel, plastic, con (circle one) drilled, driven, be (circle one)	ored, dug, augere	•
Check N if Cistern	Unk. ft. Check Y if the		toring well " eter: ft		141 44 77-2
agree to provide any	as been plugged as required by r additional information the cou	nty or dep	partment may nee	ed concerning th	is well.
Signature of Owne	r:		L	Date Plugged:	7/31/14
	well contractor, complete this box well as required by rule 567-39.		owa Administrati	ive Code (IAC).	
Signature of Contr	actor:	Sixo	<u></u>	Cert. No.	8438
The property own	ell owner, complete this box: er has plugged this well foll e with oversight and assistance of				of the Iowa
Signature of Count	ty Agent:		Da	ate Approved:	·
	co-Counties cost share: Y YES		Determined by (	County Agent)	

641-747-8320 **DNR FORM** (REV 12/95)

Guthrie Center, IA 50115

Steve Patterson

200 N. Fifth Street

within 30 days to the local county agent:

or, only if no county agent is available, to:

**Department of Natural Resources** 

Water Supply Section

900 East Grand Avenue

Des Moines, IA 50319-0034

•	^	
	Owner	

T. Owner					
Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic	State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022 Pho:	ne:	
				UST#	8608123
2. Well (Cist	County. Do  23.84 ft. Casing material:  16.13 ft.  16.13 ft.  Type of constructionstrd.:  Unk.	on:	steel, plastic, concrete (circle one) drilled, driven, bored, (circle one)	36 Wes See Attache	st (circle one) ed Map
Check N if Ci	stern depth: ft.	dian	neter: ft.		
agree to prov  Signature of  If plugged by of	well has been plugged as required by rule ide any additional information the county  Owner:  certified well contractor, complete this box: ed this well as required by rule 567-39.8 of	or de	partment may need co	oncerning the Plugged:	7/31/14
Signature of	Contractor:	Soo	ر C	ert. No.	8438
The property Administrativ	ed by well owner, complete this box: y owner has plugged this well follow we Code with oversight and assistance of County Agent:		ignated county agent		of the Iowa
Fligible for (	Grants-to-Counties cost share: Y YES Y	NO.	Determined by Cour	nty Agant)	
Tugiole ioi	oranio-10-Counties cost stidie. 1 1ES 1	NO	Determined by Cour	ny ragem)	
	form for each well plugged and submit				
			if no county agent is a	vailable, to:	
Steve Patterson		Water	Supply Section		
200 N. Fifth S	treet	Depart	ment of Natural Reso	urces	
Guthrie Center	r, IA 50115	900 Ea	st Grand Avenue		
641-747-8320			oines, IA 50319-0034		
DNR FORM					542-1226

### **Abandoned Water Well**

### **Plugging Record**

1	O
	Owner

1. Owner						
Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:		
		_			UST# 8	3608123
2. Well (Cist	ern) Location:  NE ¼ of. SW ¼ of. Section	5 , Tw	vp. 76 1	N, Range 3	6 Wes	t (circle one)
Cass			ell location on p			
3. Description	o <b>n</b>					
Well Depth: Depth to Water: Casing diameter Yr. or decade co	r: 2 in Type of constructionstrd.: Unk.	tion:	steel, plastic, (circle one) drilled, driven (circle one)	, bored, dug	, augere	d
Depth of casing	: Unk. ft. Check Y if this	is a moni	toring well	Well I.D.:		MW99-4
Check N if Ci	stern depth: ft.	diam	eter:	ft.		
•	well has been plugged as required by rulide any additional information the count		•			
Signature of	Owner:	·		_ Date Plug	gged:	7/31/14
	certified well contractor, complete this box: ed this well as required by rule 567-39.8	of the Ic	owa Adminis	trative Code	(IAC).	
Signature of	Contractor:	Door	<u></u>	Cert. N	No.	8438
The property	ed by well owner, complete this box: y owner has plugged this well followe Code with oversight and assistance of				7-39.8	of the Iowa
Signature of	County Agent:			Date Appr	oved:	
Eligible for C	Grants-to-Counties cost share: Y YES	Y NO (	Determined 1	by County A	gent)	
within 30 days	form for each well plugged and submit to the local county agent:	or, only	if no county a	gent is availa	ıble, to:	
Steve Patterson			Supply Section			
200 N. Fifth S			ment of Natu		S	j
Guthrie Center 641-747-8320	r, IA 30113		t Grand Aver ines, IA 5031			
0-1-1-1-0320		TC2 1410	ines, im 3031	7-VUJ4		

DNR FORM (REV 12/95)

### **Abandoned Water Well**

### Plugging Record

Owner

Address: 100 W. 2 <sup>nd</sup> Street  Zip: 50022 Phone:  UST# 8608123  2. Well (Cistern) Location:  NE	Name:	McAtee T	ire, Inc. (D	ean McAtee)	City:	Atlantic		State:	Iowa
2. Well (Cistern) Location:    NE	Address:	100 W. 2 <sup>n</sup>	d Street		Zip:	50022	Phone:		<del></del>
NE   % of.   NE   % of.   SW   % of.   Section   Describe well location on property:   See Attached Map							<del></del>	UST#	8608123
Depth to Water: Casing diameter: Casing diameter: Vr. or decade construct: Depth of casing:  Check N if Cistern  Check N if Cistern  Check Y if this is a monitoring well  Check Y if this is a monitoring well  Check N if Cistern  Check N if Check N if the Check Che	NE ¼ of.	NE % 0		· —					
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:  7/31/14  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:  Water Supply Section Department of Natural Resources Guthrie Center, IA 50115	Depth to Water: Casing diameter Yr. or decade co	r:	13.25 2 Unk.	ft. in Type of constru	action:	(circle one) drilled, drive (circle one)	n, bored, dug	, augere	ed
agree to provide any additional information the county or department may need concerning this well.  Signature of Owner:  Date Plugged:  7/31/14  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:  Water Supply Section  Department of Natural Resources Guthrie Center, IA 50115	Check N if Ci	stern	d	epth:f	t. diam	neter:	ft.		
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:  Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115  Cert. No. 8438  Cert. No. 8438	agree to prov  Signature of  If plugged by of	ide any ad Owner: certified wel	ditional in	formation the country complete this box.	nty or dep	oartment may	y need conce Date Plug	rning th	is well.
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:  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:  Steve Patterson  200 N. Fifth Street  Guthrie Center, IA 50115  Date Approved:  On, only if no county agent is available, to:  Water Supply Section  Department of Natural Resources  900 East Grand Avenue			•	-	- Same				8438
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:  Steve Patterson  200 N. Fifth Street  Guthrie Center, IA 50115  Y NO (Determined by County Agent)  or, only if no county agent is available, to:  Water Supply Section  Department of Natural Resources  900 East Grand Avenue	The property Administrativ	y owner l	has plugg ith oversig	ed this well foll ht and assistance of	of the des	ignated cour	nty agent.		of the Iowa
Complete one form for each well plugged and submit within 30 days to the local county agent:  Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115  Complete one form for each well plugged and submit or, only if no county agent is available, to:  Water Supply Section Department of Natural Resources 900 East Grand Avenue	Signature of	County A	rgent:		<del> </del>		_ Date Appr	ovea:	·
within 30 days to the local county agent:  Steve Patterson  200 N. Fifth Street Guthrie Center, IA 50115  or, only if no county agent is available, to:  Water Supply Section Department of Natural Resources 900 East Grand Avenue	Eligible for C	Grants-to-C	Counties co	ost share: Y YES	Y NO	(Determined	by County A	gent)	
Steve Patterson  200 N. Fifth Street  Guthrie Center, IA 50115  Water Supply Section  Department of Natural Resources  900 East Grand Avenue									
200 N. Fifth Street Guthrie Center, IA 50115  Department of Natural Resources 900 East Grand Avenue			l county age	ent:				ble, to:	
Guthrie Center, IA 50115 900 East Grand Avenue			*						]
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DNR FORM (REV 12/95) 542-1226		(DE\/ 12/0	5\	·	Des Mo	omes, IA 503	19-0034		5A2-1226

### **Abandoned Water Well**

#### **Plugging Record**

	1 149					
1. Owner			,			
Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iov
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:	-	
		<del></del>		<del></del>	UST#	8608

Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:		
					UST# 8608	3123
2. Well (Cist	ern) Location:					
NE ¼ of.	NE ¼ of. SW ¼ of. Sect County.	ion 5,	wp. 76 well location on		West (ciree Attached Ma	
3. Description	on			-	•	
Well Depth: Depth to Water:			(circle one)	, concrete, cl		one
Casing diameter Yr. or decade co		construction:	(circle one)	n, bored, dug	g, augered	
Depth of casing		if this is a mo	•	Well I.D.:	MW	99-6
Check N if Ci	stern depth:	ft. dia	meter:	ft.		
	well has been plugged as required ide any additional information the					
Signature of	Owner:		·	Date Plu	gged:	7/31/14
	certified well contractor, complete the dthis well as required by rule 56		Iowa Admini	strative Code	e (IAC).	
Signature of	Contractor:	Sho	· _	Cert.	No	8438
The property Administrative	ed by well owner, complete this box: y owner has plugged this welve Code with oversight and assistant			nty agent.	77-39.8 of	
Signature or	County Agent.			_ Date App		
Eligible for C	Grants-to-Counties cost share: Y	YES Y NO	(Determined	by County A	Agent)	
Complete one	form for each well plugged and s	ubmit				
	to the local county agent:		ly if no county		able, to:	
Steve Patterson			Supply Section			
200 N. Fifth S Guthrie Center			tment of Natu ast Grand Av		es	
641-747-8320		•	ast Grand Ave Ioines, IA 503			

641-747-8320 DNR FORM (REV 12/95)

### **Abandoned Water Well**

### Plugging Record

Owner	

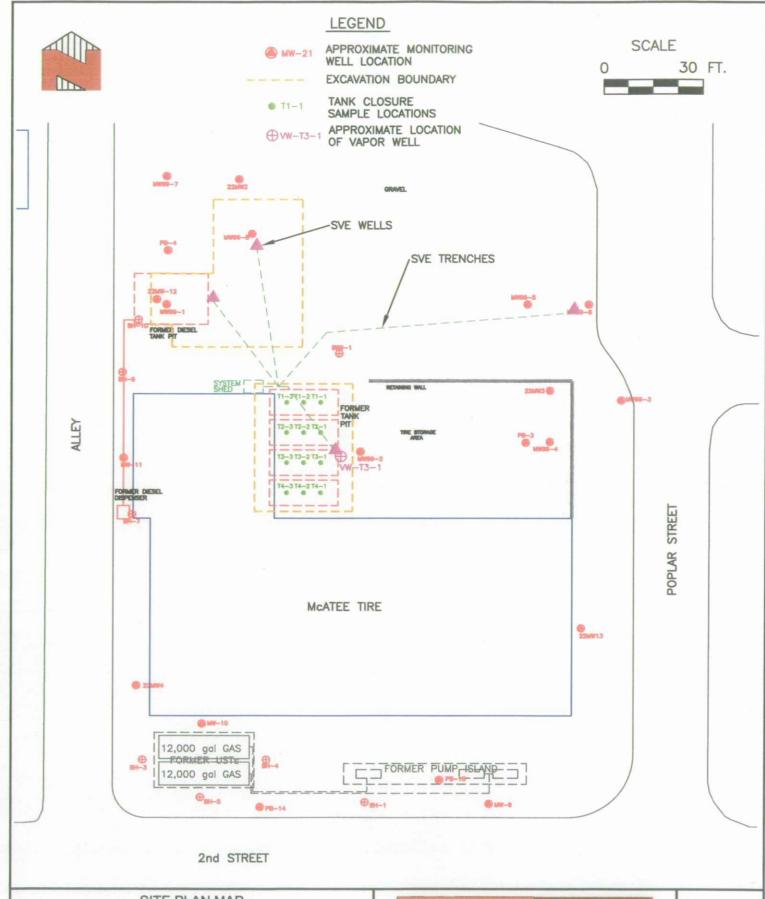
1. Owner						
Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:		
		-		<del></del>	UST# 8	8608123
2. Well (Cis NE ¼ of. Cass	tern) Location:  NE ¼ of. SW ¼ of. Section County.		vp. <u>76</u> N			st (circle one) sd Map
3. Descripti	on					
Well Depth: Depth to Water Casing diameter Yr. or decade of	er: 2 in Type of constructionstructions. Unk.	tion:	steel, plastic, (circle one) drilled, driven (circle one)	, bored, dug	, augere	ed
Depth of casing	g: Unk. ft. Check Y if this	is a moni	toring well	Well I.D.:	l	MW-99-7
Check N if C	istern depth: ft.	diam	eter:	ft.		
	well has been plugged as required by rulvide any additional information the count of Owner:	y or dep	oartment may		rning th	
	certified well contractor, complete this box: ged this well as required by rule 567-39.8	of the Io	owa Adminis	trative Code	(IAC).	
Signature o	f Contractor:	Sixon	_	Cert. N	No.	8438
The proper Administration	ged by well owner, complete this box: ty owner has plugged this well follo ive Code with oversight and assistance of f County Agent:					of the Iowa
Ü				•		
Eligible for	Grants-to-Counties cost share: Y YES	Y NO (	(Determined 1	by County A	(gent	
	e form for each well plugged and submit s to the local county agent:	or, only	if no county a	gent is availa	ble, to:	
Steve Patterso	on	Water	Supply Section	n		
200 N. Fifth S Guthrie Cente			ment of Natui st Grand Avei		S	
641-747-8320			st Grand Avei Dines, IA 5031			
	(REV 12/95)					542-1226

Owner	

3. Description  Well Depth: 19.59 ft. Casing material: Depth to Water: 15.05 ft. Casing diameter: 2 in Type of construction: Yr. or decade constrd.: Unk. Depth of casing: Unk. ft. Check Y if this is a more	steel, plastic, concrete, cl. (circle one) drilled, driven, bored, dug (circle one) nitoring well well I.D.: ft.  39.8 of the Iowa Administ	ay, brick, stone  ay, augered  MW99-8  trative Code (IAC). I
NE % of. NE % of. SW % of. Section 5 , Tourisher.  3. Description  Well Depth: 19.59 ft. Casing material: Depth to Water: 2 in Type of construction: Yr. or decade constrd.: Unk. Depth of casing: Unk. ft. Check Y if this is a more check N if Cistern depth: ft. dia  I certify this well has been plugged as required by rule 567-agree to provide any additional information the county or designature of Owner:  If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the	steel, plastic, concrete, cl. (circle one) drilled, driven, bored, dug (circle one) nitoring well well I.D.: ft.  39.8 of the Iowa Administ	west (circle one) ee Attached Map  ay, brick, stone g, augered  MW99-8  trative Code (IAC). I
NE % of. NE % of. SW % of. Section 5 , Tourisher.  3. Description  Well Depth: 19.59 ft. Casing material: Depth to Water: 2 in Type of construction: Yr. or decade constrd.: Unk. Depth of casing: Unk. ft. Check Y if this is a more check N if Cistern depth: ft. dia  I certify this well has been plugged as required by rule 567-agree to provide any additional information the county or designature of Owner:  If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the	steel, plastic, concrete, cl. (circle one) drilled, driven, bored, dug (circle one) nitoring well well I.D.: ft.  39.8 of the Iowa Administ	ay, brick, stone  ay, augered  MW99-8  trative Code (IAC). I
Cass County. Describe  3. Description  Well Depth: 19.59 ft. Casing material: Depth to Water: 15.05 ft. Casing diameter: 2 in Type of construction: Yr. or decade constrd.: Unk. Depth of casing: Unk. ft. Check Y if this is a mode of the county of the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade this box:  If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the	steel, plastic, concrete, cl. (circle one) drilled, driven, bored, dug (circle one) nitoring well well I.D.: ft.  39.8 of the Iowa Administ	ay, brick, stone  ay, augered  MW99-8  trative Code (IAC). I
Well Depth: 19.59 ft. Casing material: Depth to Water: 15.05 ft. Casing diameter: 2 in Type of construction: Yr. or decade constrd.: Unk. Depth of casing: Unk. ft. Check Y if this is a more construction of the county of the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade to provide any additional information the county or decade this box:  If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the	steel, plastic, concrete, cl. (circle one) drilled, driven, bored, dug (circle one) nitoring well well I.D.: ft.  39.8 of the Iowa Administ	ay, brick, stone  g, augered  MW99-8  trative Code (IAC). I
Well Depth:  Depth to Water:  Casing diameter:  Yr. or decade constrd.:  Depth of casing:  Unk.  Unk.  Check Y if this is a mode of the county of decade of the county or deca	(circle one) drilled, driven, bored, dug (circle one) mitoring well  Mell I.D.:  ft.  39.8 of the Iowa Administ	MW99-8 trative Code (IAC). I
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Yr. or decade constrd.:  Depth of casing:  Unk.  Unk.  Check Y if this is a mode of the county of the county or decade of the county or decade of the county or decade of the county of	(circle one) hitoring well  Mell I.D.:  meter:ft.  39.8 of the Iowa Administ	MW99-8 trative Code (IAC). I
Depth of casing:  Unk. ft. Check Y if this is a model.  Check N if Cistern depth:  I certify this well has been plugged as required by rule 567-agree to provide any additional information the county or description.  Signature of Owner:  If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the	meter:ft.  39.8 of the Iowa Administ	trative Code (IAC). I
I certify this well has been plugged as required by rule 567-agree to provide any additional information the county or de Signature of Owner:  If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the	39.8 of the Iowa Adminis	
I certify this well has been plugged as required by rule 567-agree to provide any additional information the county or de Signature of Owner:  If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the	39.8 of the Iowa Adminis	
agree to provide any additional information the county or de Signature of Owner:  If plugged by certified well contractor, complete this box.  I have plugged this well as required by rule 567-39.8 of the		
Signature of Owner:  If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the	partment may need conce	rning this well.
If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the	•	
I have plugged this well as required by rule 567-39.8 of the	Date Plu	gged: 7/31/14
		(7.4.6)
Signature of Contractor:	lowa Administrative Code	e (IAC).
11100	Cert.	No. 8438
<b>OR</b> , If plugged by well owner, complete this box:		
The property owner has plugged this well following	requirements in rule 56	7-39.8 of the Iowa
Administrative Code with oversight and assistance of the de	signated county agent.	
Signature of County Agent:	Date Appr	roved:
Signature of County Agent:		
Eligible for Grants-to-Counties cost share: Y YES Y NO	(Determined by County A	Agent)
Complete and form for each well alreaded and activity		
Complete one form for each well plugged and submit within 30 days to the local county agent:  or, onl	y if no county agent is availa	able to
	Supply Section	
1 · · · · · · · · · · · · · · · · · · ·		es
	tment of Natural Resource	
641-747-8320 Des M DNR FORM (REV 12/95)	st Grand Avenue	

	_
•	O
	Owner

Name:	McAtee Tire, Inc. (Dean McAtee)	City:	Atlantic		State:	Iowa
Address:	100 W. 2 <sup>nd</sup> Street	Zip:	50022	Phone:		
					UST# 8	8608123
2. Well (Ci	istern) Location:					
NE ¼ of.	NE ¼ of. SW ¼ of. Section County.	5, Tw Describe w	p. <u>76</u> Nell location on p		6 Wes e Attache	t (circle one) d Man
		2001.00	on rounding on p	.opu.cy	<u> </u>	
<ol><li>Descript</li></ol>	tion					
Well Depth:	9.93 ft. Casing materia	al:	steel, plastic,	concrete, cla	y, brick	, stone
Depth to Wat	er: Dry ft.		(circle one)		-	
Casing diame Yr. or decade			drilled, driven, (circle one)	bored, dug,	augere	
Depth of casis			•	Well I.D.:		VP99-2
Ch. 1 N. 1c.						
Check N if	Cistern depth:	ft. diame	eter:	ft.		
I certify thi	is well has been plugged as required by i	rule 567-39	0.8 of the Iow	a Administi	rative C	Code (IAC). I
agree to pro	ovide any additional information the cou	inty or dep	artment may	need concer	ning th	is well.
Signature	of Owner: <u>Lean Me</u>	ates		_ Date Plug	ged:	7/31/14
	y certified well contractor, complete this box					
I have plug	ged this well as required by rule 567-39.	.8 of the Io	wa Administ	rative Code	(IAC).	
Signature	of Contractor:	= James	ر	Cert. N	<b>1</b> о.	8438
-		1.050	<u>.</u>	<del></del>	,	
OR, If plug	ged by well owner, complete this box:					
The proper	rty owner has plugged this well fol				7-39.8	of the Iowa
Administra	tive Code with oversight and assistance	of the desi	gnated county	y agent.		
Signature o	of County Agent:			Date Appro	oved:	
					•	
Eligible for	Grants-to-Counties cost share: Y YES	Y NO (	Determined b	y County A	gent)	•
Complete or	ne form for each well plugged and submi	t l				
within 30 da	ys to the local county agent:	or, only	if no county ag		ble, to:	
Steve Patters			Supply Section			
200 N. Fifth	Street ter, IA 50115		nent of Natur t Grand Aven		į.	
641-747-832		1	ines, IA 50319			
	(REV 12/95)					542-1226



SITE PLAN MAP
McATEE TIRE
ATLANTIC, IOWA
PROJECT NO. MCATE 13000
DRAWING DATE: NOVEMBER 2013

#### BARKERLEMAR

ENGINEERING CONSULTANTS

1801 Industrial Circle - West Des Moines, Iowa - 50265 Phone: 515.256.8814 - Fax: 515.256.0152 - www.barkerlemar.com **APPENDIX** 

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