

CON 12-15
Doc #31922

March 20, 2016

Cretex Concrete Products Midwest, Inc.
Attn: Lynn Schuler
6655 Wedgwood Road N. – Suite 130
Maple Grove, MN 55311-3640

Re: well-plugging
Cretex site – Prairie City, Iowa

Dear Mr. Schuler:

Environmental Resource Services (ERS) completed the plugging of existing monitoring wells at the Cretex site. The wells had been installed as part of investigations undertaken at the site as directed by the IDNR Contaminated Sites Section. Those investigations resulted in successful completion of eight (8) quarters of monitoring per a Participation Agreement, and IDNR has now indicated the wells can be plugged.

A total of thirteen (13) monitoring wells were located and plugged on March 17, 2016. The following wells were located/plugged:

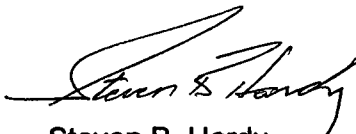
MW1	MW5	MW14S	MW17
MW2	MW8	MW14D	
MW3	MW10	MW15	
MW4	MW13	MW16	

Monitoring wells MW6, MW7, MW9, MW11, and MW12 were unable to be located, and are presumed destroyed from activities on the site (the site has been extensively cleared).

Copies of IDNR Form 542-1226 are attached for each of the plugged wells. We have provided copies of this correspondence to Greg Furhmann, IDNR Contaminated Sites Section, and Kevin Luetters, Jasper County Health Department.

Please contact me if there are any questions regarding the activities undertaken, or if there is any additional information I can provide to assist you in this manner.

Very truly yours,



Steven B. Hardy

attach: plugging forms (13 sheets)
cc: Greg Furhmann, IDNR
Kevin Luetters, Jasper County
Kieran Dwyer, Dorsey & Whitney Law Firm



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>Cretex Concrete Products, Inc.</u>	Phone: <u>763.545.7473</u>
Address: <u>6655 Wedgewood Rd. - Suite 130</u>	
City: <u>Maple Grove</u>	State: <u>MN</u> Zip: <u>55311</u>

If this was a Public Water Supply Well, please provide:

PWSID Name: _____	PWSID Number: _____
-------------------	---------------------

2. Location of Well (Cistern):

<u>SE</u> $\frac{1}{4}$ of, <u>NE</u> $\frac{1}{4}$ of, <u>NW</u> $\frac{1}{4}$ of, Section <u>2</u> , T <u>78</u> N, R <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Jasper</u> Describe well location on property: <u>MW1</u>
GPS Well Location: Latitude: <u>41.59828789</u> Longitude: <u>-93.24004020</u>

3. Well Description:

Well depth: <u>15</u> ft	
Depth to water: <u>6.89</u> ft.	
Casing depth: <u>15</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: _____

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: _____

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: <u>Lloyd McNamee</u>	Cert No: <u>7063</u>

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 (IAC) with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

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

	Water Supply Section Iowa Department of Natural Resources 502 E 9th St Des Moines IA 50319-0034
--	---



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Cretex Concrete Products, Inc. Phone: 763.545.7473
Address: 6655 Wedgewood Rd. - Suite 130
City: Maple Grove State: MN Zip: 55311

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, Section 2, T 78 N, R 21 ☐ East ☒ West
County: Jasper Describe well location on property: MW2
GPS Well Location: Latitude: 41.59804813 Longitude: -93.23983898

3. Well Description:

Well depth: 15 ft
Depth to water: 4.25 ft.
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: _____

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: _____

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: Lloyd McFar Cert No: 7063

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 (IAC) with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>Cretex Concrete Products, Inc.</u>	Phone: <u>763.545.7473</u>
Address: <u>6655 Wedgewood Rd. - Suite 130</u>	
City: <u>Maple Grove</u>	State: <u>MN</u> Zip: <u>55311</u>

If this was a Public Water Supply Well, please provide:

PWSID Name: _____	PWSID Number: _____
-------------------	---------------------

2. Location of Well (Cistern):

<u>SE</u> $\frac{1}{4}$ of, <u>NW</u> $\frac{1}{4}$ of, <u>NE</u> $\frac{1}{4}$ of, Section <u>2</u> , T <u>78</u> N, R <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Jasper</u> Describe well location on property: <u>MW3</u>
GPS Well Location: Latitude: <u>41.59777081</u> Longitude: <u>-93.24005282</u>

3. Well Description:

Well depth: <u>15</u> ft	
Depth to water: <u>6.84</u> ft.	
Casing depth: <u>15</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: _____

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: _____

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: <u>Lloyd McFair</u>	Cert No: <u>7063</u>

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 (IAC) with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

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

	Water Supply Section Iowa Department of Natural Resources 502 E 9th St Des Moines IA 50319-0034
--	---



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Cretex Concrete Products, Inc. Phone: 763.545.7473
Address: 6655 Wedgewood Rd. - Suite 130
City: Maple Grove State: MN Zip: 55311

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, Section 2, T 78 N, R 21 ☐ East ☒ West
County: Jasper Describe well location on property: MW4
GPS Well Location: Latitude: 41.59804982 Longitude: -93.24026926

3. Well Description:

Well depth: 15 ft
Depth to water: 7.21 ft.
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: _____

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: _____

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: Lloyd McRae Cert No: 7063

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 (IAC) with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within
30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Cretex Concrete Products, Inc. Phone: 763.545.7473
Address: 6655 Wedgewood Rd. - Suite 130
City: Maple Grove State: MN Zip: 55311

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, Section 2, T 78 N, R 21 ☐ East ☒ West
County: Jasper Describe well location on property: MW5
GPS Well Location: Latitude: 41.59825599 Longitude: -93.24034244

3. Well Description:

Well depth: 15 ft
Depth to water: 5.67 ft.
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: _____

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: _____

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: Lloyd McNeary Cert No: 7063

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 (IAC) with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>Cretex Concrete Products, Inc.</u>	Phone: <u>763.545.7473</u>
Address: <u>6655 Wedgewood Rd. - Suite 130</u>	
City: <u>Maple Grove</u>	State: <u>MN</u> Zip: <u>55311</u>

If this was a Public Water Supply Well, please provide:

PWSID Name: _____	PWSID Number: _____
-------------------	---------------------

2. Location of Well (Cistern):

<u>SE</u> $\frac{1}{4}$ of, <u>NW</u> $\frac{1}{4}$ of, <u>NE</u> $\frac{1}{4}$ of, Section <u>2</u> , T <u>78</u> N, R <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Jasper</u> Describe well location on property: <u>MW8</u>
GPS Well Location: Latitude: <u>41.59799852</u> Longitude: <u>-93.24133074</u>

3. Well Description:

Well depth: <u>15</u> ft	
Depth to water: <u>7.90</u> ft.	
Casing depth: <u>15</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: _____

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: _____

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: <u>Lloyd McTear</u>	Cert No: <u>7063</u>

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 (IAC) with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>Cretex Concrete Products, Inc.</u>	Phone: <u>763.545.7473</u>
Address: <u>6655 Wedgewood Rd. - Suite 130</u>	
City: <u>Maple Grove</u>	State: <u>MN</u> Zip: <u>55311</u>

If this was a Public Water Supply Well, please provide:

PWSID Name: _____	PWSID Number: _____
-------------------	---------------------

2. Location of Well (Cistern):

<u>SE</u> ¼ of, <u>NW</u> ¼ of, <u>NE</u> ¼ of, Section <u>2</u> , T <u>78</u> N, R <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Jasper</u> Describe well location on property: <u>MW10</u>
GPS Well Location: Latitude: <u>41.59820337</u> Longitude: <u>-93.24223383</u>

3. Well Description:

Well depth: <u>15</u> ft.	
Depth to water: <u>6.10</u> ft.	
Casing depth: <u>15</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: _____

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: _____

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: <u>Lloyd McFar</u>	Cert No: <u>7063</u>

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 (IAC) with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

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

	Water Supply Section Iowa Department of Natural Resources 502 E 9th St Des Moines IA 50319-0034
--	---



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Cretex Concrete Products, Inc. Phone: 763.545.7473
Address: 6655 Wedgewood Rd. - Suite 130
City: Maple Grove State: MN Zip: 55311

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, Section 2, T 78 N, R 21 ☐ East ☒ West
County: Jasper Describe well location on property: MW13
GPS Well Location: Latitude: 41.59861402 Longitude: -93.24026728

3. Well Description:

Well depth: 15 ft
Depth to water: 7.02 ft.
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: _____

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: _____

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: Lloyd McMan Cert No: 7063

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 (IAC) with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within
30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Cretex Concrete Products, Inc. Phone: 763.545.7473
Address: 6655 Wedgewood Rd. - Suite 130
City: Maple Grove State: MN Zip: 55311

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, Section 2, T 78 N, R 21 ☐ East ☒ West
County: Jasper Describe well location on property: MW14S
GPS Well Location: Latitude: 41.59793763 Longitude: -93.24004570

3. Well Description:

Well depth: 15 ft
Depth to water: 6.63 ft.
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: _____

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: _____

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: Lloyd McLean Cert No: 7063

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 (IAC) with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within
30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Cretex Concrete Products, Inc. Phone: 763.545.7473
Address: 6655 Wedgewood Rd. - Suite 130
City: Maple Grove State: MN Zip: 55311

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, Section 2, T 78 N, R 21 ☐ East ☒ West
County: Jasper Describe well location on property: MW14D
GPS Well Location: Latitude: 41.59794473 Longitude: -93.24007661

3. Well Description:

Well depth: 30 ft
Depth to water: 10.41 ft.
Casing depth: 30 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☒ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☐ Yes ☐ No Well ID: _____

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: _____

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: Lloyd McNamee Cert No: 7063

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 (IAC) with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>Cretex Concrete Products, Inc.</u>	Phone: <u>763.545.7473</u>
Address: <u>6655 Wedgewood Rd. - Suite 130</u>	
City: <u>Maple Grove</u>	State: <u>MN</u> Zip: <u>55311</u>

If this was a Public Water Supply Well, please provide:

PWSID Name: _____	PWSID Number: _____
-------------------	---------------------

2. Location of Well (Cistern):

<u>SE</u> $\frac{1}{4}$ of, <u>NW</u> $\frac{1}{4}$ of, <u>NE</u> $\frac{1}{4}$ of, Section <u>2</u> , T <u>78</u> N, R <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Jasper</u> Describe well location on property: <u>MW15</u>
GPS Well Location: Latitude: <u>41.59806860</u> Longitude: <u>-93.23968757</u>

3. Well Description:

Well depth: <u>15</u> ft	
Depth to water: <u>4.55</u> ft	
Casing depth: <u>15</u> ft	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: _____

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: _____

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: <u>Lloyd McFar</u>	Cert No: <u>7063</u>

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 (IAC) with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within
30 days to the local county agent:

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

Water Supply Section Iowa Department of Natural Resources 502 E 9th St Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Cretex Concrete Products, Inc. Phone: 763.545.7473
Address: 6655 Wedgewood Rd. - Suite 130
City: Maple Grove State: MN Zip: 55311

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, Section 2, T 78 N, R 21 ☐ East ☒ West
County: Jasper Describe well location on property: MW16
GPS Well Location: Latitude: 41.59855725 Longitude: -93.23969911

3. Well Description:

Well depth: 15 ft
Depth to water: 6.27 ft.
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: _____

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: _____

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: Lloyd McNamee Cert No: 7063

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 (IAC) with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within
30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Cretex Concrete Products, Inc. Phone: 763.545.7473
Address: 6655 Wedgewood Rd. - Suite 130
City: Maple Grove State: MN Zip: 55311

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, Section 2, T 78 N, R 21 ☐ East ☒ West
County: Jasper Describe well location on property: MW17
GPS Well Location: Latitude: 41.59780207 Longitude: -93.24104296

3. Well Description:

Well depth: 15 ft
Depth to water: 9.18 ft.
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: _____

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: _____

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: Lloyd McMan Cert No: 7063

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 (IAC) with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

Complete one form for each well plugged and submit within
30 days to the local county agent:

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034