



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

**1. Owner:**

Name: Williams Petroleum Services Phone: 918-573-6912  
Address: One Williams Center  
City: Tulsa State: Oklahoma Zip: 74172

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

PWSID Name: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

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

\_\_\_\_\_ ¼ of, NE ¼ of, NE ¼ of, Section 13, T 88 N, R 48 ☐ East ☒ West  
County: Woodbury Describe well location on property: Center of property, south of remediation building  
GPS Well Location: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**3. Well Description:**

Well depth: 37 ft.  
Depth to water: 30 ft.  
Casing depth: 37 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2005 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-6

Check if Cistern ☐ Depth: \_\_\_\_\_ ft. Diameter: \_\_\_\_\_ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: \_\_\_\_\_ Date Plugged: May 2017

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: 1986

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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Name: Williams Petroleum Services	Phone: 918-573-6912
Address: One Williams Center	
City: Tulsa	State: Oklahoma Zip: 74172

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

PWSID Name:	PWSID Number:
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**2. Location of Well (Cistern):**

1/4 of, NE 1/4 of, NE 1/4 of, Section 13, T 88 N, R 48	<input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: Woodbury Describe well location on property: Center of property, south of remediation building	
GPS Well Location: Latitude: Longitude:	

**3. Well Description:**

Well depth:	36	ft.	
Depth to water	30	ft.	
Casing depth:	36	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:	2	in.	
Year or decade constructed:	2005	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:	MW-7

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: May 2017

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: 1986

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:

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Address: One Williams Center	
City: Tulsa	State: Oklahoma Zip: 74172

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

PWSID Name:	PWSID Number:
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**2. Location of Well (Cistern):**

_____ ¼ of, NE _____ ¼ of, NE _____ ¼ of, Section 13, T 88 N, R 48 <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: Woodbury Describe well location on property: Center of property, south of concrete drive
GPS Well Location: Latitude: _____ Longitude: _____

**3. Well Description:**

Well depth: 32 ft	
Depth to water: 30 ft	
Casing depth: 32 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: 2 in.	
Year or decade constructed: 2005	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: MW-8

Check if Cistern ☐ Depth: \_\_\_\_\_ ft. Diameter: \_\_\_\_\_ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner \_\_\_\_\_ Date Plugged: May 2017

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: 1986

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)

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