

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 | e: Oklahoma Zip: 74172 | |
| If the control of the latest Community Mark and a second | Max | |
| If this was a Public Water Supply Well, please provi | | |
| PWSID Name: | PWSID Number: | |
| 2. Location of Well (Cistern): | | |
| 1¼ of, NE 1¼ of, NE 1¼ of, Sect | tion 13 , T 88 N, R 48 East West | |
| County: Woodbury Describe well loca | tion 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. | | |
| | erial: 🔲 Steel 🔳 Plastic 🗌 Concrete 🗍 Clay 🔲 Brick 🔲 Stone | |
| Casing diameter: 2 in. | | |
| Year or decade constructed: 2005 Type of Cor | nstruction: Drilled Driven Bored Augured Dug | |
| Is this a Monitoring Well? | MW-6 | |
| Check if Cistern Depth: ft. Diameter: ft. | | |
| | | |
| I certify this well has been plugged as required by rule 58 | 7-39.8 of the Iowa Administrative Code (IAC). I agree to provide | |
| I certify this well has been plugged as required by rule 597-39.8 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 \$67-39.8 of the Jowa Administrative Code (IAC). | | |
| 1001 | | |
| 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: | |
| olgitatio of County rigona | | |
| | | |
| Eligible for Grants-to-Counties cost share: | | |
| Complete one form for each well plugged and submit with | in | |
| 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 9 th St | |
| | Des Moines IA 50319-0034 | |



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| Address: One Williams Center | | |
| City: Tulsa State: | Oklahoma Zip: 74172 | |
| If this was a Public Water Supply Well, please provid | e: | |
| | PWSIĎ Number: | |
| | | |
| 2. Location of Well (Cistern): | | |
| | on 13 , T 88 N, R 48 East West | |
| | on 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 Mater | rial: 🗌 Steel 📓 Plastic 🗌 Concrete 🗌 Clay 🗌 Brick 🦳 Stone | |
| Casing diameter: 2 in. | | |
| Year or decade constructed: 2005 Type of Cons | truction: Drilled Driven Bored 🖩 Augured Dug | |
| Is this a Monitoring Well? | 1W-7 | |
| Check if Cistern Depth: ft. Diameter | er; 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>U</i> | |
| I have plugged this well as required by rule 567-39.8 of the | Lowa 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: | |
| | Water Supply Section Iowa Department of Natural Resources 502 E 9 th St Des Moines IA 50319-0034 | |



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| Address: One Williams Center | | |
| City: Tulsa State | Oklahoma Zip: 74172 | |
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| If this was a Public Water Supply Well, please provid | | |
| FWOID Name. | PWSID Number: | |
| 2. Location of Well (Cistern): | | |
| ¼ of, NE ¼ of, NE ¼ of, Secti | on 13 , T 88 N, R 48 East West | |
| County: Woodbury Describe well locat | on 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. | | |
| | rial: ☐ Steel 圖 Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone | |
| Casing diameter: 2 in. | | |
| | struction: | |
| Is this a Monitoring Well? Yes No Well ID: | - | |
| Check if Cistern ☐ Depth: ft. Diamete | er: 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 | |
| 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 of department may need concerning this well. | | |
| Signature of Owner | Date Plugged; May 20/7 | |
| If plugged by certified well contractor, complete this box: | 9 | |
| I have plugged this well as required by rule 567-39.8 of the | Towa 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) | | |
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| Signature of County Agent: | Date Approved: | |
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