



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

1. Owner:

Name: EFCO Corporation Phone: 515 645-7323
 Address: 1800 NE Broadway
 City: Des Moines State: Iowa Zip: 50266

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW ¼ of, NW ¼ of, NE ¼ of, Section 24, T 79 N, R 24 East West
 County: Polk Describe well location on property: (inside Bldg.) 58' S and 9' E of NW corner of Bldg.
 GPS Well Location: Latitude: 41°38'36.21"N Longitude: 93°35'24.52"W

3. Well Description:

Well depth: 20 ft
 Depth to water: 2.21 ft.
 Casing depth: 20 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2019 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: TB-1

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 [Signature] Date Plugged: 9/10/2020

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: [Signature] Cert No: 5902

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
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 Address: 1800 NE Broadway
 City: Des Moines State: Iowa Zip: 50266

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW ¼ of, NW ¼ of, NE ¼ of, Section 24, T 79 N, R 24 East West
 County: Polk Describe well location on property: 30' S and 5' W of NW corner of Bldg.
 GPS Well Location: Latitude: 41°38'36.51"N Longitude: 93°35'24.80"W

3. Well Description:

Well depth: 25 ft
 Depth to water: 21.93 ft.
 Casing depth: 25 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2019 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: TB-4

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 [Signature] Date Plugged: 9/10/2020

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: [Signature] Cert No: 5902

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW ¼ of, NW ¼ of, NE ¼ of, Section 24, T 79 N, R 24 East West
 County: Polk Describe well location on property: 68' S and 5' W of NW corner of Bldg.
 GPS Well Location: Latitude: 41°38'36.10"N Longitude: 93°35'24.80"W

3. Well Description:

Well depth: 25 ft
 Depth to water: 22.54 ft
 Casing depth: 25 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2019 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: TB-5

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 [Signature] Date Plugged: 9/10/2020

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: [Signature] Cert No: 5902

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW ¼ of, NW ¼ of, NE ¼ of, Section 24, T 79 N, R 24 East West
 County: Polk Describe well location on property: 48' S and 92' W of NW corner of Bldg.
 GPS Well Location: Latitude: 41°38'36.29"N Longitude: 93°35'25.70"W

3. Well Description:

Well depth: 20 ft
 Depth to water: 5.72 ft
 Casing depth: 20 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2019 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: TB-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: 9/10/2020

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: 5902

OR, if plugged by well owner, complete this box:

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 Signature of County Agent: _____ Date Approved: _____

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