



Date: April 8, 2021

To: Black Hawk County Health Department

1407 Independence Ave., 5<sup>th</sup> Floor

Waterloo IA 50703

Attention: Mr. Jared Parmater

Re: 1420 East Ridgeway Avenue, Waterloo IA

Job No.: 13207071

We are transmitting ☒ herewith ☐ under separate cover

Item	Date	Description
1	3/26/21	Monitoring Well MW-1 Plugging Record

Remarks:

If you have any questions regarding this information, please contact our office.

Yours truly,  
TERRACON

By:

Dave Cleary

Cc: Ms. Shelly Nellesen, IDNR (email)





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

**1. Owner:**

Name: Kwik Trip Inc. Phone: 608-793-6283  
Address: 1626 Oak Street  
City: LaCrosse State: WI Zip: 54603

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, NW ¼ of, Section 2, T 89N N, R 13W ☐ East ☒ West  
County: Black Hawk Describe well location on property: Driveway  
GPS Well Location: Latitude: 42.469270 Longitude: -92.336201

**3. Well Description:**

Well depth: 13 ft.  
Depth to water: 1.80 ft.  
Casing depth: 13 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 4 in.  
Year or decade constructed: 2020 Type of Construction: ☒ Drilled ☐ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-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: 3/26/21

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: 9351

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<sup>th</sup> St**  
**Des Moines IA 50319-0034**