



EVORA  
CONSULTING

CON: 12-15

Doc #38287

May 3, 2021

Dan Cook  
Contaminated Sites Section  
Wallace State Office Building  
502 E. 9<sup>th</sup> Street  
Des Moines, IA 50319

RE: Monitoring Well Abandonment Documentation  
Agriland FS Inc  
404 S 3<sup>rd</sup> Street  
Logan, Iowa

Dear Mr. Cook

Evora Consulting, on behalf Agriland FS Inc, has abandoned monitoring wells MW-1, MW-2, MW-3, MW-5, MW-7, MW-10, MW-11, MW-12, and MW-13 in accordance with Iowa Administrative Code (IAC) 567-39.8.

An Abandoned Water Well Plugging Record (IDNR Form 542-1226) for each monitoring well has been included in Attachment A. A site map indicating the location of the abandoned monitoring wells is included as Figure 1.

If you have any questions regarding this information, please do not hesitate to contact us at 515/256-8814.

Sincerely,

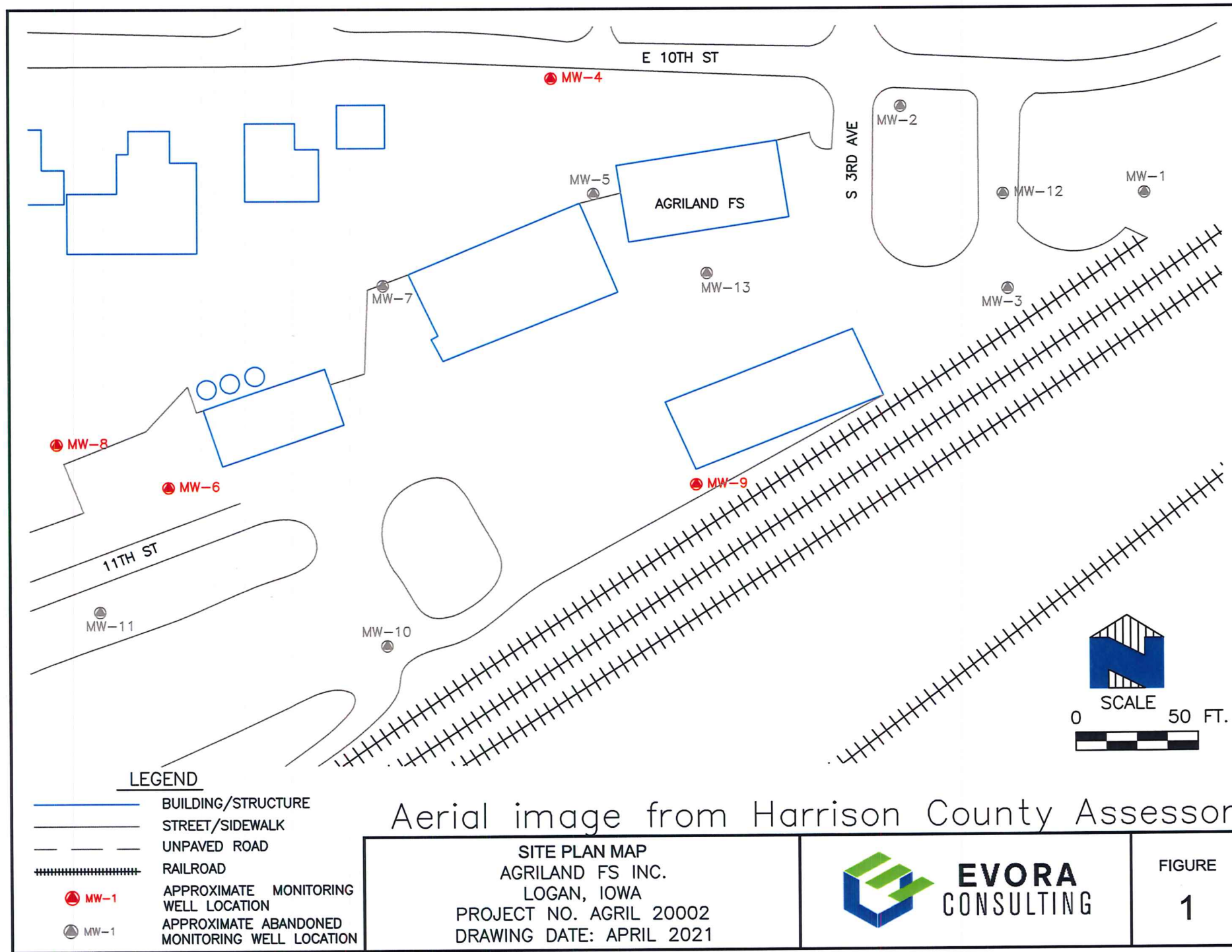
Steven Strecker  
Environmental Scientist  
sstrecker@barkerleamar.com

Leah Calvert, P.G.  
Professional Geologist  
lcalvert@barkerleamar.com

cc: Agriland FS Inc. - Trenton Cheers  
Harrison County Sanitarian – Matt Pitts

RECEIVED

MAY 06 2021



SITE PLAN MAP  
 AGRILAND FS INC.  
 LOGAN, IOWA  
 PROJECT NO. AGRIL 20002  
 DRAWING DATE: APRIL 2021



**EVORA**  
CONSULTING

FIGURE  
 1

Attachment A



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

**1. Owner:**

Name: AgriLand FS Phone: \_\_\_\_\_  
Address: 421 N 10<sup>th</sup> Street  
City: Winterset State: IA Zip: 50273

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

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

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

SW ¼ of, SW ¼ of, NW ¼ of, Section 19, T 79 N, R 42 ☒ East ☐ West  
County: Harrison Describe well location on property: See attached map  
GPS Well Location: Latitude: 41.417042 Longitude: -94.566401

**3. Well Description:**

Well depth: 14.50 ft  
Depth to water: 4.95 ft  
Casing depth: 14.50 ft Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2018 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] AgriLand FS Date Plugged: 4/27/2021

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: 9543

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:

Matt Pitt  
116 North Second Avenue  
Logan, Iowa 51546  
(712) 644-2302

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



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

**1. Owner:**

Name: <u>AgriLand FS</u>	Phone: _____
Address: <u>421 N 10<sup>th</sup> Street</u>	
City: <u>Winterset</u>	State: <u>IA</u> Zip: <u>50273</u>

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

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

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

<u>SW</u> ¼ of, <u>SW</u> ¼ of, <u>NW</u> ¼ of, Section <u>19</u> , T <u>79</u> N, R <u>42</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West
County: <u>Harrison</u> Describe well location on property: <u>See attached map</u>
GPS Well Location: Latitude: <u>41.417042</u> Longitude: <u>-94.588401</u>

**3. Well Description:**

Well depth: <u>17.40</u> ft.	
Depth to water: <u>8.88</u> ft.	
Casing depth: <u>17.40</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>2018</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: <u>MW-2</u>

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

I certify this well has been plugged as required by rule 587-39.8 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] AgriLand FS Date Plugged: 4/27/2021

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 587-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert No: 9543

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

The property owner has plugged this well following requirements in rule 587-39.8 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:

Matt Pitt 116 North Second Avenue Logan, Iowa 51546 (712) 644-2302	Water Supply Section Iowa Department of Natural Resources 502 E 8 <sup>th</sup> St Des Moines IA 50318-0034
---	--



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

**1. Owner:**

Name: <u>AgriLand FS</u>	Phone: _____
Address: <u>421 N 10<sup>th</sup> Street</u>	
City: <u>Winterset</u>	State: <u>IA</u> Zip: <u>50273</u>

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

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

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

<u>SW</u> ¼ of, <u>SW</u> ¼ of, <u>NW</u> ¼ of, Section <u>19</u> , T <u>79</u> N, R <u>42</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West
County: <u>Harrison</u> Describe well location on property: <u>See attached map</u>
GPS Well Location: Latitude: <u>41.417042</u> Longitude: <u>-94.660401</u>

**3. Well Description:**

Well depth: <u>23.25</u> ft.	
Depth to water: <u>8.15</u> ft.	
Casing depth: <u>23.25</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>2018</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: <u>MW-3</u>

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] AgriLand FS Date Plugged: 4/27/2021

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: 9543

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:

Matt Pitt  
116 North Second Avenue  
Logan, Iowa 51546  
(712) 644-2302

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



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

**1. Owner:**

Name: AgriLand FS Phone: \_\_\_\_\_  
Address: 421 N 10<sup>th</sup> Street  
City: Winterset State: IA Zip: 50273

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

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

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

SW ¼ of, SW ¼ of, NW ¼ of, Section 18, T 79 N, R 42 ☒ East ☐ West  
County: Harrison Describe well location on property: See attached map  
GPS Well Location: Latitude: 41.417042 Longitude: -94.588401

**3. Well Description:**

Well depth: 12.25 ft.  
Depth to water: 7.0 ft.  
Casing depth: 12.25 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2018 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-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] AgriLand FS Date Plugged: 4/27/2021

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: 9543

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:

Matt Pitt  
116 North Second Avenue  
Logan, Iowa 51546  
(712) 644-2302

Water Supply Section  
Iowa Department of Natural Resources  
502 E 8<sup>th</sup> St  
Des Moines IA 50319-0034



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

**1. Owner:**

Name: AgriLand FS Phone: \_\_\_\_\_  
Address: 421 N 10<sup>th</sup> Street  
City: Winterset State: IA Zip: 50273

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

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

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

SW  $\frac{1}{4}$  of, SW  $\frac{1}{4}$  of, NW  $\frac{1}{4}$  of, Section 19, T 79 N, R 42 ☒ East ☐ West  
County: Harrison Describe well location on property: See attached map  
GPS Well Location: Latitude: 41.417042 Longitude: -94.566401

**3. Well Description:**

Well depth: 10.30 ft.  
Depth to water: 6.05 ft.  
Casing depth: 10.30 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2018 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ 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 [Signature] AgriLand FS Date Plugged: 4/27/2021

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: 9543

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:

Matt Pitt  
116 North Second Avenue  
Logan, Iowa 51546  
(712) 644-2302

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





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

**1. Owner:**

Name: <u>AgriLand FS</u>	Phone: _____
Address: <u>421 N 10<sup>th</sup> Street</u>	
City: <u>Winterset</u>	State: <u>IA</u> Zip: <u>50273</u>

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

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

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

<u>SW</u> ¼ of, <u>SW</u> ¼ of, <u>NW</u> ¼ of, Section <u>19</u> , T <u>79</u> N, R <u>42</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West
County: <u>Harrison</u> Describe well location on property: <u>See attached map</u>
GPS Well Location: Latitude: <u>41.417042</u> Longitude: <u>-94.568401</u>

**3. Well Description:**

Well depth: <u>9.00</u> ft.	
Depth to water: <u>2.55</u> ft.	
Casing depth: <u>9.00</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>2018</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: <u>MW-10</u>

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] AgriLand FS Date Plugged: 4/27/2021

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: 9543

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:

Matt Pitt 116 North Second Avenue Logan, Iowa 51546 (712) 644-2302	Water Supply Section Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
---	--



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

**1. Owner:**

Name: <u>AgriLand FS</u>	Phone: _____
Address: <u>421 N 10<sup>th</sup> Street</u>	
City: <u>Winterset</u>	State: <u>IA</u> Zip: <u>50273</u>

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

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

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

<u>SW</u> ¼ of, <u>SW</u> ¼ of, <u>NW</u> ¼ of, Section <u>10</u> , T <u>70</u> N, R <u>42</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West
County: <u>Harrison</u> Describe well location on property: <u>See attached map</u>
GPS Well Location: Latitude: <u>41.417042</u> Longitude: <u>--94.586401</u>

**3. Well Description:**

Well depth: <u>15.05</u> ft.	
Depth to water: <u>1.23</u> ft.	
Casing depth: <u>15.05</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>2018</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: <u>MW-11</u>

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] AgriLand FS Date Plugged: 4/27/2021

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: 9543

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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---	--



IOWA DEPARTMENT OF NATURAL RESOURCES  
Abandoned Water Well  
Plugging Record

1. Owner:

Name: AgriLand FS Phone: \_\_\_\_\_  
Address: 421 N 10<sup>th</sup> Street  
City: Winterset State: IA Zip: 50273

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

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

2. Location of Well (Cistern):

SW  $\frac{1}{4}$  of, SW  $\frac{1}{4}$  of, NW  $\frac{1}{4}$  of, Section 19, T 79 N, R 42 ☒ East ☐ West  
County: Harrison Describe well location on property: See attached map  
GPS Well Location: Latitude: 41.417042 Longitude: -94.660401

3. Well Description:

Well depth: 17.60 ft.  
Depth to water: 6.75 ft.  
Casing depth: 17.60 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2018 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-12

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] AgriLand FS Date Plugged: 4/27/2021

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: 9543

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

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Signature of County Agent: \_\_\_\_\_ Date Approved: \_\_\_\_\_

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

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Iowa Department of Natural Resources  
802 E 9<sup>th</sup> St  
Des Moines IA 50319-0034



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

**1. Owner:**

Name: Agriland FS Phone: \_\_\_\_\_  
Address: 421 N 10<sup>th</sup> Street  
City: Winterset State: IA Zip: 50273

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

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

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

SW ¼ of, SW ¼ of, NW ¼ of, Section 19, T 79 N, R 42 ☒ East ☐ West  
County: Harrison Describe well location on property: See attached map  
GPS Well Location: Latitude: 41.417042 Longitude: -94.566401

**3. Well Description:**

Well depth: 9.25 ft  
Depth to water: 6.10 ft.  
Casing depth: 9.25 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2018 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-13

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] Agriland FS Date Plugged: 4/27/2021

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: 9543

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:

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Logan, Iowa 51546  
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Water Supply Section  
Iowa Department of Natural Resources  
502 E 9<sup>th</sup> St  
Des Moines IA 50319-0034

**SITE PLAN MAP  
AGRILAND FS INC.  
LOGAN, IOWA  
PROJECT NO. AGRIL 20002  
DRAWING DATE: APRIL 2021**



**EVORA  
CONSULTING**

**FIGURE**  
**1**