

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: Terex Corporation City: Norwalk State: CT
Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 20 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 15 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2012 (circle one)
Depth of casing: 20 ft. Check if this is a Monitoring Well Well ID: mw-27

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: Paula M. Berger on behalf of Terex Date Plugged: 9-27-2022

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. 8515

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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Terex Corporation</u>	City: <u>Norwalk</u>	State: <u>CT</u>
Address: <u>45 Glover Ave Suite 400</u>	Zip: <u>06850</u>	Phone: <u>(203) 222-7170</u>

Name: <u>WSP c/o Paula Berger</u> <u>250 Marquette Av Suite 570, Minneapolis, MN 55401</u>
Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> 1/4 of, Section <u>15</u> , Twp. <u>83</u> N, Range <u>7</u> <u>West</u> /East (circle one)
<u>Linn</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>19</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>13</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Year or decade constructed: <u>2012</u>	(circle one)
Depth of casing: <u>19</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MLW-28</u>

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 Paul M. Berger on behalf of Terex Date Plugged: 9-27-2022

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: <u>[Signature]</u> Cert. No. <u>8515</u>

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 with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson IDNR Contaminated Sites Section 502 East 9 th Street Des Moines, IA 50319	
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Iowa Department of Natural Resources

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Plugging Record**

1. Owner:

Name: <u>Terex Corporation</u>	City: <u>Norwalk</u>	State: <u>CT</u>
Address: <u>45 Glover Ave Suite 400</u>	Zip: <u>06850</u>	Phone: <u>(203) 222-7170</u>

Name: <u>WSP c/o Paula Berger</u> <u>250 Marquette Av Suite 570, Minneapolis, MN 55401</u>
Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> 1/4 of, Section <u>15</u> , Twp. <u>83</u> N, Range <u>7</u> <u>West</u> /East (circle one)
<u>Linn</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>30</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>19</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Year or decade constructed: <u>2016</u>	(circle one)
Depth of casing: <u>30</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-28R</u>

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: John M. Berger on behalf of Terex Date Plugged: 9-27-2022

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: <u>[Signature]</u> Cert. No. <u>8515</u>

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 with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

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Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: Terex Corporation City: Norwalk State: CT
Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 30 ft. Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: 14 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2015 (circle one)
Depth of casing: 30 ft. Check if this is a Monitoring Well Well ID: MW-37

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: Paula M. Berger on behalf of Terex Date Plugged: 9-26-2022

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. 8515

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 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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Plugging Record**

1. Owner:

Name: Terex Corporation City: Norwalk State: CT
Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 30 ft. Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: 16 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2015 (circle one)
Depth of casing: 30 ft. Check if this is a Monitoring Well Well ID: MW-38

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: Paula Berger on behalf of Terex Date Plugged: 9-26-2022

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. 8515

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 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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1. Owner:

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Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

____ 1/4 of, ____ 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 33 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 17 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2015 (circle one)
Depth of casing: 33 ft. Check if this is a Monitoring Well Well ID: MLW39

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: Paula M. Berger on behalf of Terex Date Plugged: 9-26-2022

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. 8515

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 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:

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Des Moines, IA 50319

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Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

 1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 70 ft. Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: 15 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2015 (circle one)
Depth of casing: 70 ft. Check if this is a Monitoring Well Well ID: MW-41

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: Paula M. Berger on behalf of Terex Date Plugged: 9-27-2022

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. 8515

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 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:

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IDNR Contaminated Sites Section
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Des Moines, IA 50319

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**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: Terex Corporation City: Norwalk State: CT
Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

 1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 30 ft. Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: 15 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, bored
Year or decade constructed: 2015 (circle one)
Depth of casing: 30 ft. Check if this is a Monitoring Well Well ID: MW-42

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: John M. Berger on behalf of Terex Date Plugged: 9-2-2022

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. 8515

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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: Terex Corporation City: Norwalk State: CT
Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 25 ft. Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: 15 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2015 (circle one)
Depth of casing: 25 ft. Check if this is a Monitoring Well Well ID: MABW-43

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: Paula Berger on behalf of Terex Date Plugged: 9-27-2022

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. 8515

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 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:

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IDNR Contaminated Sites Section
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Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

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Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 25 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 19 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2015 (circle one)
Depth of casing: 25 ft. Check if this is a Monitoring Well Well ID: nw-44

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: Paula M. Berger on behalf of Terex Date Plugged: 9-27-2022

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. 8515

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 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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**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: Terex Corporation City: Norwalk State: CT
Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

 1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 25 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 15 ft. (circle one)
Casing diameter: 2in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2016 (circle one)
Depth of casing: 25 ft. Check if this is a Monitoring Well Well ID: MW-45

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: Paula M. Berger on behalf of Terex Date Plugged: 9-26-2022

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. 8515

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 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:

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**Abandoned Monitoring Well
Plugging Record**

1. Owner:

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Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

 1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 31 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 13 ft. (circle one)
Casing diameter: 2in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2016 (circle one)
Depth of casing: 31 ft. Check if this is a Monitoring Well Well ID: MW-46

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] on behalf of Terex Date Plugged: 9-26-2022

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. 8515

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 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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1. Owner:

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Address: 45 Glover Ave Suite 400 Zip: 06850 Phone: (203) 222-7170

Name: WSP c/o Paula Berger
250 Marquette Av Suite 570, Minneapolis, MN 55401
Number: _____

2. Well Location:

 1/4 of, 1/4 of, sw 1/4 of, Section 15, Twp. 83 N, Range 7 West/East (circle one)
Linn County, Describe well location on property: _____

3. Description:

Well depth: 35 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 16 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: 2016 (circle one)
Depth of casing: 35 ft. Check if this is a Monitoring Well Well ID: MW-47

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: Paul M. Berger on behalf of Terex Date Plugged: 9-26-2022

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. 8515

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 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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