

11228 Aurora Avenue  
Des Moines, Iowa 50322-7905  
United States  
www.ghd.com



Our ref: 11103217-LTR-21

May 03, 2023

Mr. David Williamson  
Polk County Environmental Health Administrator  
5895 N.E. 14<sup>th</sup> Street  
Des Moines, Iowa 50313

**Abandoned Water Well Plugging Records  
Resource Conservation and Recovery Act Facility Investigation Work Plan Implementation  
John Deere Des Moines Works, Ankeny, Iowa  
EPA ID No. IAD069624500  
EPA RCRA Docket No. VII 98 H-0002**

Dear Mr. Williamson:

As approved by United States Environmental Protection Agency (USEPA) in a letter dated March 28, 2023, GHD Services, Inc. (GHD) coordinated the plugging of 26 groundwater monitoring wells at the John Deere Des Moines Works (JDDMW) facility located at 825 S.W. Irvinedale Drive in Ankeny, Iowa. The monitoring wells were plugged in accordance with Rule 567—39.8 of the Iowa Administrative Code. The completed plugging records (IDNR Form 542-1226) are attached for your files.

Please note, MW-F-1 which was proposed to be plugged in GHD's letter titled 2023 Well Plugging and Abandonment dated February 7, 2023 was not plugged. This change is to preserve MW-F-1 to be used as a background groundwater monitoring well during compliance monitoring of AOC C.

If you have any questions or need additional information, please contact Mr. Scott Hemesath of JDDMW at 563-589-6297 or me.

Regards,

A handwritten signature in blue ink that reads "Brian Broderick".

**Brian Broderick**  
Technical Director  
+1 515 414-3936  
brian.broderick@ghd.com

BB/lg/LTR-21

Attachments:

cc: Lisa Messinger, USEPA  
Eric Gorman, USEPA  
Shelly Nellesen, Iowa Department of Natural Resources  
Scott Hemesath, JDDMW



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: AOC E
GPS Well Location: Latitude: 41.72364 Longitude: -93.63172

3. Well Description:

Well depth: 15.00 ft
Depth to water: 5.56 ft.
Casing depth: 5.00 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 1992 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-14-1
Check if Cistern

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: AOC E
GPS Well Location: Latitude: 41.72377 Longitude: -93.63168

3. Well Description:

Well depth: 13.72 ft
Depth to water: 5.37 ft.
Casing depth: 3.72 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 1992 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-14-2
Check if Cistern

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: AOC E
GPS Well Location: Latitude: 41.72377 Longitude: -93.63143

3. Well Description:

Well depth: 12.42 ft
Depth to water: 5.26 ft.
Casing depth: 2.42 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.
Year or decade constructed: 1992 Type of Construction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: MW-14-3
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian/Attn: Mr. David Williamson) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: AOC E
GPS Well Location: Latitude: 41.723266 Longitude: -93.631513

3. Well Description:

Well depth: 13.15 ft
Depth to water: 4.45 ft.
Casing depth: 3.15 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2020 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-14-6R
Check if Cistern

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: AOC SWMU 22A
GPS Well Location: Latitude: 41.718990 Longitude: -93.62820

3. Well Description:

Well depth: 20.79 ft
Depth to water: 2.10 ft.
Casing depth: 5.79 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2011 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-22-A/DCST-1
Check if Cistern

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: 4-17-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: AOC B24
GPS Well Location: Latitude: 41.72648 Longitude: -93.63260

3. Well Description:

Well depth: 14.0 ft
Depth to water: 6.35 ft.
Casing depth: 4.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 30
GPS Well Location: Latitude: 41.72472 Longitude: -93.63394

3. Well Description:

Well depth: 15.0 ft
Depth to water: 4.09 ft.
Casing depth: 5.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-A-3
Check if Cistern

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 25
GPS Well Location: Latitude: 41.71957 Longitude: -93.62328

3. Well Description:

Well depth: 15.0 ft
Depth to water: 14.71/Dry ft.
Casing depth: 5.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Check if Cistern Depth: Diameter:

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: 4-17-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 25
GPS Well Location: Latitude: 41.724568 Longitude: -93.624103

3. Well Description:

Well depth: 15.0 ft
Depth to water: 5.37 ft.
Casing depth: 5.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Check if Cistern Depth: Diameter:

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: 4-18-2023

If plugged by certified well contractor, complete this box:

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Signature of Contractor: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 22
GPS Well Location: Latitude: 41.725798 Longitude: -93.625254

3. Well Description:

Well depth: 14.0 ft
Depth to water: 4.23 ft.
Casing depth: 4.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 22
GPS Well Location: Latitude: 41.728132 Longitude: -93.626746

3. Well Description:

Well depth: 20.0 ft
Depth to water: 5.06 ft.
Casing depth: 5.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-B-4
Check if Cistern

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: 4-18-2023

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: Michael J Osoby Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 22
GPS Well Location: Latitude: 41.728293 Longitude: -93.628838

3. Well Description:

Well depth: 20.5 ft
Depth to water: 3.52 ft.
Casing depth: 5.5 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: DOD B5
GPS Well Location: Latitude: 41.72532 Longitude: -93.62653

3. Well Description:

Well depth: 15.5 ft
Depth to water: 8.78 ft.
Casing depth: 5.5 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-B-6
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian/Attn: Mr. David Williamson) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R East West
County: Polk Describe well location on property: SWMU 35A
GPS Well Location: Latitude: 41.71957 Longitude: -93.62328

3. Well Description:

Well depth: 25.0 ft
Depth to water: 18.4 ft.
Casing depth: 10.0 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-B-7
Check if Cistern Depth: Diameter:

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: 4-17-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 27
GPS Well Location: Latitude: 41.72419 Longitude: -93.63201

3. Well Description:

Well depth: 15.0 ft
Depth to water: 5.81 ft.
Casing depth: 5.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: DOD G
GPS Well Location: Latitude: 41.72381 Longitude: -93.63077

3. Well Description:

Well depth: 15.0 ft
Depth to water: 5.96 ft.
Casing depth: 5.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: DOD BB
GPS Well Location: Latitude: 41.72471 Longitude: -93.63093

3. Well Description:

Well depth: 15.0 ft
Depth to water: 5.47 ft.
Casing depth: 5.0 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-C-3
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: Building 3
GPS Well Location: Latitude: 41.72277 Longitude: -93.62935

3. Well Description:

Well depth: 16.0 ft
Depth to water: 14.65 ft.
Casing depth: 6.0 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-D-3
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 40
GPS Well Location: Latitude: 41.72308 Longitude: -93.62839

3. Well Description:

Well depth: 15.0 ft
Depth to water: 8.95 ft.
Casing depth: 5.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-D-4
Check if Cistern

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: DOD 88A
GPS Well Location: Latitude: 41.718990 Longitude: -93.62820

3. Well Description:

Well depth: 19.95 ft
Depth to water: 3.10 ft.
Casing depth: 10.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2011 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-DSBA-1
Check if Cistern

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: 4-17-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: Building 12
GPS Well Location: Latitude: 41.72288 Longitude: -93.63134

3. Well Description:

Well depth: 14.5 ft
Depth to water: 6.5 ft.
Casing depth: 4.5 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-E-1
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian/Attn: Mr. David Williamson) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: Building 11
GPS Well Location: Latitude: 41.72184 Longitude: -93.63099

3. Well Description:

Well depth: 14.5 ft
Depth to water: 4.55 ft.
Casing depth: 4.5 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-E-2
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

County: Polk Describe well location on property: SWMU 36
GPS Well Location: Latitude: 41.72092 Longitude: -93.63201

3. Well Description:

Well depth: 15.0 ft
Depth to water: 7.63 ft.
Casing depth: 5.0 ft. Casing Material: Plastic
Casing diameter: 2 in.
Year or decade constructed: 2018 Type of Construction: Augured
Is this a Monitoring Well? Yes
Well ID: MW-G-1
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: SWMU 35A
GPS Well Location: Latitude: 41.71970 Longitude: -93.62801

3. Well Description:

Well depth: 13.94 ft
Depth to water: 5.63 ft.
Casing depth: 5.0 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-H-1
Check if Cistern Depth: Diameter:

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: 4-17-2023

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: Michael J Osody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: SWMU 13
GPS Well Location: Latitude: 41.71873 Longitude: -93.62924

3. Well Description:

Well depth: 70 ft
Depth to water: 9.36 ft.
Casing depth: 60 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.
Year or decade constructed: 2020 Type of Construction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: MW-H-2
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: John Deere Phone: 515-289-3445
Address: 825 SW Irvinedale Dr.
City: Ankeny State: Iowa Zip: 50023

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

1/4 of, 1/4 of, 1/4 of, Section, T, N, R, East, West
County: Polk Describe well location on property: AOC SWMU 13
GPS Well Location: Latitude: 41.71874 Longitude: -93.62924

3. Well Description:

Well depth: 19.42 ft
Depth to water: 4.51 ft.
Casing depth: 5.0 ft. Casing Material: Steel, Plastic, Concrete, Clay, Brick, Stone
Casing diameter: 2 in.
Year or decade constructed: 2011 Type of Construction: Drilled, Driven, Bored, Augured, Dug
Is this a Monitoring Well? Yes, No Well ID: MW-S13-1
Check if Cistern Depth: Diameter:

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: 4-18-2023

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: Michael J Ocsody Cert No: 6494

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:

Table with 2 columns: Local County Agent (Polk County Health Sanitarian) and State Office (Water Supply Section, Iowa Department of Natural Resources).