



## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****1. Owner:**Name: City of Iowa City Phone: (319) 356-5410Address: 410 E Washington StreetCity: Iowa City State: Iowa Zip: 52240

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

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

**2. Location of Well (Cistern):**NW    ¼ of, SW    ¼ of, SE    ¼ of, Section 10, T 79 N, R 06 ☐ East ☒ WestCounty: Johnson Describe well location on property: NW portion of propertyGPS Well Location: Latitude: 41°39'35.85" Longitude: -91°31'47.69"**3. Well Description:**Well depth: 18 ftDepth to water: 14.3 ft.Casing depth: 8 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ StoneCasing diameter: 2 in.Year or decade constructed: 2021 Type of Construction: ☒ Drilled ☐ Driven ☐ Bored ☐ Augured ☐ DugIs this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-1Check 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

*Jason Havel*Date Plugged: 1/5/2024

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: 5978

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

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code (IAC) with the oversight and assistance of the designated county agent.

Signature of County Agent:

Date Approved: \_\_\_\_\_

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

Complete one form for each well plugged and submit within 30 days to the local county agent:

OR, only if no county agent is available, to:

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



## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****1. Owner:**Name: 410 E Washington Street Phone: (319) 356-5410Address: 410 E Washington StreetCity: Iowa City State: Iowa Zip: 52240

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

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

**2. Location of Well (Cistern):**NW  $\frac{1}{4}$  of, SW  $\frac{1}{4}$  of, SE  $\frac{1}{4}$  of, Section 10, T 79 N, R 06 ☐ East ☒ WestCounty: Johnson Describe well location on property: NE portion of propertyGPS Well Location: Latitude: 41°39'35.90" Longitude: -91°31'46.16"**3. Well Description:**Well depth: 14 ftDepth to water: 9.2 ft.Casing depth: 4 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ StoneCasing diameter: 2 in.Year or decade constructed: 2021 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☐ Augured ☐ DugIs this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-2Check 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

*Jason Havel*Date Plugged: 1/5/2024

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: 5978

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**  
**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: City of Iowa City Phone: (319) 356-5410Address: 410 E Washington StreetCity: Iowa City State: Iowa Zip: 52240

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

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

**2. Location of Well (Cistern):**NW  $\frac{1}{4}$  of, SW  $\frac{1}{4}$  of, SE  $\frac{1}{4}$  of, Section 10, T 79 N, R 06 ☐ East ☒ WestCounty: Johnson Describe well location on property: SE portion of propertyGPS Well Location: Latitude: 41°39'34.81" Longitude: -91°31'46.40"**3. Well Description:**Well depth: 16.5 ftDepth to water: 7.9 ft.Casing depth: 6.5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ StoneCasing diameter: 2 in.Year or decade constructed: 2021 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☐ Augured ☐ DugIs this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-3Check 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

Jason HavelDate Plugged: 1/5/2024

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: 5978

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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