

IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well Plugging Record

1. Owner:					
Name: City of Iowa City		Phone: (319) 356-5410			
Address: 410 E Washington S	Street				
City: Iowa City	State:	lowa Zip: <u>52240</u>			
If this was a Public Water Su	apply Well, please provide:				
PWSID Name:		PWSID Number:			
2. Location of Well (Cistern)	1.				
		10 , T 79 N, R 06 ☐ East ☒ West			
County: Johnson	Describe well location o				
GPS Well Location: Latitude:	41°39'35.85"	Longitude: -91°31'47.69"			
2 Well Description.					
3. Well Description: Well depth:	18 ft				
Depth to water	14.3 ft.				
Casing depth:	8 ft. Casing Material:	Steel X Plastic Concrete Clay Brick Stone			
Casing diameter:	2 in.				
Year or decade constructed:	2021 Type of Construc	tion: X Drilled Driven Bored Augured Dug			
Is this a Monitoring Well?	Yes No Well ID: MV	V-1			
Check if Cistern Depth	: ft. Diameter:	ft.			
I certify this well has been plug	ged as required by rule 567-39.8 of	the Iowa Administrative Code (IAC). I agree to provide any			
	nty or department may need conce				
Signature of Owner	n Havel	Date Plugged: 1/5/2024			
If plugged by certified well conf	·	1			
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).					
Signature of Contractor:	DATSe.	Cert No: 5978			
OP If plugged by well owner o	amplete this boy				
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		• •			
Signature of County Agent:		Date Approved:			
Eligible for Grants-to-Counties cost share:					
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 th St			

01/2014 cmz DNR Form 542-1226

Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well Plugging Record

1. Owner:				
Name: 410 E Washington Street Phone: (319) 356-5410				
Address: 410 E Washington S	treet			
City: Iowa City	State	: lowa	Zip: 52240	
If this was a Public Water Su	pply Well, please provide:			
PWSID Name: PWSID Number:				
2 Location of Mall (Cistown)				
2. Location of Well (Cistern) NW ¼ of, SW	: ¼ of, SE ¼ of, Section	on 10 ,T 7	79 N, R 06 ☐ East ☒ West	
County: Johnson	Describe well location		NE portion of property	
GPS Well Location: Latitude:	41°39'35.90"		de: -91°31'46.16"	
2 Well Description.				
3. Well Description:	1.4			
Well depth:	14 ft ft.			
Depth to water			lastic Comprete Clay Chy Driek Chang	
Casing depth:		riai: Steel 🔀 Pi	lastic Concrete Clay Brick Stone	
Casing diameter:		Annuations Domit	ad C Driver C Dered C Avenued C Dvs	
Year or decade constructed:	2021 Type of Cons Yes No Well ID:	MW-2	ed 🗌 Driven 🗌 Bored 🗌 Augured 🔲 Dug	
Is this a Monitoring Well?	M res □ No Well ID:	10100-2		
Check if Cistern Depth:	ft. Diamet	er:	ft.	
I certify this well has been plugg	ged as required by rule 567-39.	8 of the Iowa Adminis	strative Code (IAC). I agree to provide any	
additional information the coun	•		, , , , , , , , , , , , , , , , , , ,	
Signature of Owner Jason Havel Date Plugged: 1/5/2024				
	ractor, complete this how			
If plugged by certified well cont	•	ua Administrativo Cod	lo (IAC)	
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).				
Signature of Contractor:	· b#3a		Cert No:5978	
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requirements in rule 567-30 8 of the Jove Administrative Code (IAC) with the				
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)				
Computate and forms for each well plugged and submit within 20				
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:				
au, s to the local country agent.		Water Supply		
		Iowa Departm	ent of Natural Resources	
		502 E 9 th St		
		Doc Maines IA	ED210 0024	

01/2014 cmz DNR Form 542-1226



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well Plugging Record

1. Owner:				
Name: City of Iowa City		Phone: (319) 356-5410		
Address: 410 E Washington S	treet			
City: Iowa City	State: lo	owa Zip: <u>52240</u>		
If this was a Public Water Sup	pply Well, please provide:			
PWSID Name:		PWSID Number:		
2. Location of Well (Cistern): NW ¼ of, SW	¼ of, SE ¼ of, Section			
County: Johnson	Describe well location or	· · · · · · · · · · · · · · · · · · ·		
GPS Well Location: Latitude:	41°39'34.81"	Longitude: -91°31'46.40"		
3. Well Description:				
Well depth:	16.5 ft			
Depth to water	7.9 ft.			
Casing depth:	6.5 ft. Casing Material:	☐ Steel 🔀 Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone		
Casing diameter:	2 in.			
Year or decade constructed:	Z021 Type of Construct	ion: Drilled Driven Bored Augured Dug		
Is this a Monitoring Well?	Yes No Well ID: MW	-3		
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 Date Plugged: 1/5/2024				
If plugged by certified well cont	ractor, complete this hov:			
	·	Iministrative Code (IAC)		
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).				
Signature of Contractor:		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 of	cost share: Yes No (Determi	ned by County Agent)		
Complete one form for each we	ell 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 th St Des Moines IA 50319-0034		

01/2014 cmz DNR Form 542-1226