

1. Owner:	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison State:	WI Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
¼ of, ¼ of, ¼ of, Sectio	n, T N, R East West
County: Des Moines Describe well location	n on property: SE corner 55th St. & RR tracks
GPS Well Location: Latitude: 40.808666	Longitude:91.105 444
3. Well Description:	
Well depth: 34 ft	
Depth to water NA ft.	
Casing depth: 24 ft. Casing Mater	ial: Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 3/4 in.	
Year or decade constructed: 2003 Type of Const	ruction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID:	мw- 2
Check if Cistern Depth: ft. Diamete	er: ft.
I certify this well has been plugged as required by rule 567-39.8 additional information the county or department may need co	ncerning this well.
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the low	ra Administrative Code (IAC).
Signature of Contractor:	Cert No: 6494
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requireme oversight and assistance of the designated county agent.	nts in rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Det	ermined 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:
Henry County Health Sanitarian c/o Greg Lemke	Water Supply Section
522 N 3rd St	Iowa Department of Natural Resources
Burlington IA 52601	502 E 9 th St Des Moines IA 50319-0034



Name Interstate Dower & Light			
Name: Interstate Power & Light Address: 4902 North Biltmore Lar		Phone:	
Address: 4902 North Biltmore Lar City: Madison		'l Zip: 531	70
City. Widaison	State: W	Zip: 531	70
If this was a Public Water Supply	Well, please provide:		
PWSID Name:		PWSID Number:	
2 Lanation of Moll (Cictorn).			
2. Location of Well (Cistern):	. V of Coation	T N.D	□ Fact □ West
¼ of, ¼ c	of, % of, Section		East West
GPS Well Location: Latitude:	40.808583	property: SE Corner 555; Longitude: -91.10552	
Lautuue.	פיס כי מטמיטר	Longitude:	<i>T</i>
3. Well Description:			
Well depth:	<u> 35</u> ft		
Depth to water	9.21 ft.		
Casing depth:	25 ft. Casing Material:	☐ Steel 🔀 Plastic ☐ Concrete ☐ Cl	ay 🔲 Brick 🔲 Stone
Casing diameter:	\mathcal{Z} in.		
Year or decade constructed:	2003 Type of Construction		🔀 Augured 🗌 Dug
Is this a Monitoring Well?	Yes No Well ID: MW-	2R	
Check if Cistern Depth:	ft. Diameter:	ft.	
I certify this well has been plugged additional information the county of		he Iowa Administrative Code (IAC). I agr ning this well.	ee to provide any
Signature of Owner		Date Plugged:	3-12-2024
If plugged by certified well contract	or, complete this box:		
I have plugged this well as required	•	ministrative Code (IAC).	
	and the		C404
Signature of Contractor:	/\	Cert No:	6494
OR, If plugged by well owner, comp The property owner has plugged th oversight and assistance of the desi	is well following requirements in	rule 567-39.8 of the Iowa Administrativ	e Code (IAC) with the
Signature of County Agent:		Date Approved:	
	• *		
Eligible for Grants-to-Counties cost	share: Yes No (Determin	ned by County Agent)	
Complete one form for each well pl	lugged and submit within 30		
days to the local county agent:		OR, only if no county agent is availab	le, to:
Henry County Health Sanitarian c/o 522 N 3rd St	Greg Lemke	Water Supply Section Iowa Department of Natural Resource	es
Burlington IA 52601		502 E 9 th St	
341111613111111111111111111111111111111		Des Moines IA 50319-0034	



1. Owner:	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison State:	WI Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
¼ of,	n, T N, R East West
County: Des Moines Describe well locatio	n on property: Parking lot behind 100 N 4th St.
GPS Well Location: Latitude: 40.808500	Longitude: 91.103777
3. Well Description:	
Well depth: 20 ft	
Depth to water 7.84 ft.	
Casing depth: 10 ft. Casing Materi	al: Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🗌 Stone
Casing diameter: 3/4 in.	
Year or decade constructed: 2003 Type of Const	ruction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID:	MW- 3
Check if Cistern Depth: ft. Diamete	r: ft.
I certify this well has been plugged as required by rule 567-39.8 additional information the county or department may need co	
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the low	a Administrative Code (IAC).
Signature of Contractor:	Cert No: 6494
OR, If plugged by well owner, complete this box:	
oversight and assistance of the designated county agent.	nts in rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
**	
Eligible for Grants-to-Counties cost share: Yes No (Det	ermined 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:
Henry County Health Sanitarian c/o Greg Lemke	Water Supply Section
522 N 3rd St	lowa Department of Natural Resources
Burlington IA 52601	502 E 9 th St Des Moines IA 50319-0034
	Des Moines IA 50319-0034



1. 0 11 11 11 11	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison Star	te: WI Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
¼ of, ¼ of, ½ of, Sec	
County: Des Moines Describe well loca	ation on property: Sw Corner of 100 5. 5th St.
GPS Well Location: Latitude: 40.808000	Longitude: ~91.105556
3. Well Description:`	
Well depth: 30 ft	
Depth to water 8.98 ft.	
	terial: Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 3/4 in.	
Year or decade constructed: 2003 Type of Co	onstruction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID:	
Check if Cistern Depth: ft. Diame	neter: ft.
I certify this well has been plugged as required by rule 567-3 additional information the county or department may need	39.8 of the Iowa Administrative Code (IAC). I agree to provide any concerning this well.
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the I	lowa Administrative Code (IAC).
Signature of Contractor:	Cert No: 6494
oversight and assistance of the designated county agent.	ments in rule 567-39.8 of the lowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
••	
Eligible for Grants-to-Counties cost share: Yes No (E	Determined by County Agent)
Complete one form for each well plugged and submit within days to the local county agent:	n 30 OR, only if no county agent is available, to:
Henry County Health Sanitarian c/o Greg Lemke	Water Supply Section
522 N 3rd St	Iowa Department of Natural Resources
Burlington IA 52601	502 E 9 th St Des Moines IA 50319-0034
	1 Des Moines IA 50319-0034



1. Owner:	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison State:	WI Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
	1 Wale Milliott.
2. Location of Well (Cistern):	
¼ of, ¼ of, ¼ of, Section	,T N, R East West
County: Des Moines Describe well location o	N, R East West n property: E <u>Side of 100 S. 5th St.</u>
GPS Well Location: Latitude: 40.808)	Longitude: <u>-91. 104583</u>
3. Well Description:	
Well-depth: 23 ft	
Depth to water 9.24 ft.	
Casing depth: 13 ft. Casing Material:	Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 2 in.	
Year or decade constructed: 2003 Type of Construc	tion: Drilled Driven Bored Augured Dug
	1-5R
- Bound Issued	
Check if Cistern Depth: ft. Diameter:	ft.
I certify this well has been plugged as required by rule 567-39.8 of additional information the county or department may need conce	
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the Iowa A	dministrative Code (IAC).
Signature of Contractor:	Cert No: 6494
signature or contractor.	Cert No: 6494
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requirements oversight and assistance of the designated county agent.	in rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
4.	
Eligible for Grants-to-Counties cost share: Yes No (Detern	nined 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:
Henry County Health Sanitarian c/o Greg Lemke	Water Supply Section
522 N 3rd St	Iowa Department of Natural Resources
Burlington IA 52601	502 E 9 th St Des Moines IA 50319-0034



1. Owner:	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison State:	WI Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	·
¼ of,¼ of,¼ of, Section	
The state of the s	on property: 101 N. 4th St.
GPS Well Location: Latitude: 40.908760	Longitude: <u>-91.104550</u>
3. Well Description:	
Well-depth: 19 ft	
Depth to water 8.10 ft.	
:	: Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: in.	
Year or decade constructed: 2003 Type of Constru	oction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: M	
Check if Cistern Depth: ft. Diameter:	ft.
I certify this well has been plugged as required by rule 567-39.8 of additional information the county or department may need conc	
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lowar	Administrative Code (IAC).
Signature of Contractor:	Cont. No. 6404
Signature of Contractor:	Cert No: 6494
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requirements oversight and assistance of the designated county agent.	s in rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Deter	mined by County Agent)
Complete one form for each well plugged and submit within 30 days to the local county agent:	OP, only if no county agent is available, to:
Henry County Health Sanitarian c/o Greg Lemke	OR, only if no county agent is available, to: Water Supply Section
522 N 3rd St	Iowa Department of Natural Resources
Burlington IA 52601	502 E 9 th St
	Des Moines IA 50319-0034



1. Owner.	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison State:	WI Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
¼ of,¼ of, ¼ of, Section	n , T N, R East West
County: Des Moines Describe well location	
	Longitude: ~91.104194
3. Well Description:	
Well depth: 22 ft	
Depth to water 10.17 ft.	
	al: Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: in.	
Year or decade constructed: 2003 Type of Const	ruction: Drilled Driven Bored Augured Dug
	мw-7
Check if Cistern Depth: ft. Diamete	r: ft.
I certify this well has been plugged as required by rule 567-39.8 additional information the county or department may need cor	
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the low	a Administrative Code (IAC).
Signature of Contractor:	Cert No: 6494
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requirement oversight and assistance of the designated county agent.	nts in rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
• •	
Eligible for Grants-to-Counties cost share: Yes No (Dete	ermined 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:
Henry County Health Sanitarian c/o Greg Lemke	Water Supply Section
522 N 3rd St	Iowa Department of Natural Resources
Burlington IA 52601	502 E 9 th St
	Des Moines IA 50319-0034



1. Owner:					
Name: Interstate Power & Lig			Phone:		
Address: 4902 North Biltmore	Lane				
City: Madison		State: W	<u> </u>	Zip: <u>531</u>	78
If this was a Public Water Sup	pply Well, pleas	se provide:			
PWSID Name:			PWSID Nur	mber:	
2. Location of Well (Cistern)	:				
		¼ of, Section	,т	N, R	East West
County: Des Moines			property: alley		N. 4th St.
GPS Well Location: Latitude:	40.8	309027	Longitude:	-91,104	861
3. Well Description:					
Well depth:	19.3 ft				
Depth to water	10.12 ft.				
Casing depth:	8.3 ft.	Casing Material:	Steel X Plastic	Concrete C	lay 🔲 Brick 🔲 Stone
Casing diameter:	$\frac{\overline{2}}{2}$ in.	-		_	<i>,</i> — —
Year or decade constructed:	2008	Type of Construction	on: Drilled	Driven Bored	🛮 Augured 🗌 Dug
Is this a Monitoring Well?	Yes No	Well ID: MW-	_		
Check if Cistern Depth:		_ ft. Diameter:	ft.		•
I certify this well has been plugg additional information the cour				ve Code (IAC). I agi	ree to provide any
Signature of Owner				Date Plugged:	3-12-2024
If plugged by certified well cont I have plugged this well as requ			ministrative Code (IA	C).	
Signature of Contractor:	N			Cert No:	6494
OR, If plugged by well owner, or The property owner has plugge oversight and assistance of the	d this well follow	ing requirements in	rule 567-39.8 of the	Iowa Administrativ	ve Code (IAC) with the
Signature of County Agent:				Date Approved:	
		• •			
Eligible for Grants-to-Counties	cost share: Y	es 🔲 No (Determin	ned by County Agent)	
Complete one form for each we days to the local county agent:		ubmit within 30	OR, only if no cou	ınty agent is availal	ole. to:
Henry County Health Sanitarian			Water Supply Sect		
522 N 3rd St	-,	4.4	Iowa Department	of Natural Resourc	es
Burlington IA 52601			502 E 9 th St	210 0024	
			Des Moines IA 503	319-UU34	



I. Owner.		
Name: Interstate Power & Light		Phone:
Address: 4902 North Biltmore Lane		
City: Madison	State: WI	Zip: 53178
If this was a Public Water Supply Well, p	olease provide:	
PWSID Name:		WSID Number:
2. Location of Well (Cistern):		
• • •	¼ of. Section ,	T N, R East West
County: Des Moines	% of, Section , , Oescribe well location on property:	101 N. 4th St.
GPS Well Location: Latitude:	10.808710 Lon	gitude: -91.104530
3. Well Description:		
Well-depth: 17.60	ft ft	
Depth to water 8. 4	ft.	
Casing depth: 7.6	•	🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 2	in.	
Year or decade constructed: 2008		Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? Xes		-
Check if Cistern Depth:	ft. Diameter:	ft.
I certify this well has been plugged as require additional information the county or depart		ministrative Code (IAC). I agree to provide any
Signature of Owner		Date Plugged: 3-12-2024
If plugged by certified well contractor, compliance plugged this well as required by rule		Code (IAC).
Signature of Contractor:		Cert No: 6494
OR, If plugged by well owner, complete this The property owner has plugged this well for oversight and assistance of the designated of	ollowing requirements in rule 567-39	9.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:		Date Approved:
Eligible for Grants-to-Counties cost share:	Yes No (Determined by Cour	nty Agent)
Complete one form for each well plugged a days to the local county agent:		r if no county agent is available, to:
Henry County Health Sanitarian c/o Greg Ler		pply Section
522 N 3rd St	lowa Dep	artment of Natural Resources
Burlington IA 52601	502 E 9 th S	
	Des Moin	es IA 50319-0034



1. Owner.	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison State	te: WI Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2 1	
2. Location of Well (Cistern):	
¼ of, ¼ of, ¼ of, Sect	tion, TN, R East West
County: Des Moines Describe well loca	ation on property: alley west of 405 Valley St.
GPS Well Location: Latitude: 40. 809 25	0 Longitude: -91.104750
3. Well Description:	
Well-depth: 25 ft	
Depth to water 12.54 ft.	
Casing depth: 15 ft. Casing Mat	terial: Steel 🛛 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 2 in.	
Year or decade constructed: 2008 Type of Con	nstruction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes \(\sum \) No Well ID:	. ^
Check if Cistern Depth: ft. Diame	eter: ft.
I certify this well has been plugged as required by rule 567-3 additional information the county or department may need	39.8 of the lowa Administrative Code (IAC). I agree to provide any concerning this well.
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lo	owa Administrative Code (IAC).
Signature of Contractor:	Cert No: 6494
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requiren oversight and assistance of the designated county agent.	ments in rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
•	
Eligible for Grants-to-Counties cost share: Yes No (C	Determined by County Agent)
Complete one form for each well plugged and submit within	20
days to the local county agent:	OR, only if no county agent is available, to:
Henry County Health Sanitarian c/o Greg Lemke	Water Supply Section
522 N 3rd St	Iowa Department of Natural Resources
Burlington IA 52601	502 E 9 th St Des Moines IA 50319-0034
	DESTRICTION IN SUSTEMBLE DESTRICTION IN SUST



1. Owner:	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison State: W	/I Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
¼ of, ¼ of, ¼ of, Section	, T N, R East West
County: Des Moines Describe well location on	property: N, R East West property: 104 N. 54 54.
GPS Well Location: Latitude: 40.809 000	
3. Well Description:	
Well depth: 25 ft	
Depth to water 10.16 ft.	
Casing depth: 15 ft. Casing Material:	Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 2 in.	
Year or decade constructed: 2008 Type of Construction	on: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: MW-	_
Check if Cistern Depth: ft. Diameter:	ft.
I certify this well has been plugged as required by rule 567-39.8 of t additional information the county or department may need concern	
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39.8 of the lowa Ad	ministrative Code (IAC).
Signature of Contractor:	Cert No: 6494
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requirements in oversight and assistance of the designated county agent.	rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Determi	ned by County Agent)
days to the local county agent:	OR, only if no county agent is available, to:
Henry County Health Sanitarian c/o Greg Lemke 522 N 3rd St Burlington IA 52601	Water Supply Section Iowa Department of Natural Resources 502 E 9 th St Des Moines IA 50319-0034



1. Owner:	
Name: Interstate Power & Light	Phone:
Address: 4902 North Biltmore Lane	
City: Madison State:	WI Zip: 53178
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
¼ of, ¼ of, ¼ of, Section	, T N, R East West
County: Des Moines Describe well location	on property: 125 N. 4th St.
GPS Well Location: Latitude: 40.808833	Longitude: -91. 104166
3. Well Description:	
Well-depth: 25 ft	
Depth to water 9.30 ft.	
Casing depth: 15 ft. Casing Material	I: Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🦳 Stone
Casing diameter: 2 in.	
Year or decade constructed: 2008 Type of Constru	uction: Drilled Driven Bored Augured Dug
	IW- 14
Check if Cistern Depth: ft. Diameter:	
I certify this well has been plugged as required by rule 567-39.8 cadditional information the county or department may need conc	
Signature of Owner	Date Plugged: 3-12-2024
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lowa	Administrative Code (IAC).
Signature of Contractor:	Cert No: 6494
,,	
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well following requirement oversight and assistance of the designated county agent.	s in rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
••	
Eligible for Grants-to-Counties cost share: Yes No (Deter	rmined by County Agent)
Complete and Compl	
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:
Henry County Health Sanitarian c/o Greg Lemke	Water Supply Section
522 N 3rd St	Iowa Department of Natural Resources
Burlington IA 52601	502 E 9 th St Des Moines IA 50319-0034



1. Owner:					
Name: Interstate Power & Light	ht Phone:				
Address: 4902 North Biltmore Lane					
City: Madison State: W	Zip: 53178				
If this was a Public Water Supply Well, please provide:					
DIAICID AL.	PWSID Number:				
PWSID Name:	1 WSID Number.				
2. Location of Well (Cistern):					
¼ of, ¼ of, ¼ of, Section	, T N, R 🗌 East 🗌 West				
County: Des Moines Describe well location on					
GPS Well Location: Latitude: 40.808694	Longitude: -91.104416				
3. Well Description:					
Well depth: 25 ft					
Depth to water 8.16 ft.					
Casing depth: 15 ft. Casing Material:	Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone				
Casing diameter: 2 in.					
Year or decade constructed: 2008 Type of Construction	on: Drilled Driven Bored Augured Dug				
Is this a Monitoring Well? Yes No Well ID: MW-	•				
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: 3-12-2024				
If plugged by certified well contractor, complete this box:					
I have plugged this well as required by rule 567-39.8 of the Iowa Adr	ministrative Code (IAC).				
Signature of Contractor:					
Signature of Contractor:	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.	The service of the letter full management of the service of the se				
Signature of County Agent:	Date Approved:				
Eligible for Grants-to-Counties cost share: Yes No (Determined by County Agent)					
et a se					
Complete one form for each well plugged and submit within 30 days to the local county agent:	OP only if no county agent is available to				
Henry County Health Sanitarian c/o Greg Lemke	OR, only if no county agent is available, to: Water Supply Section				
522 N 3rd St	Iowa Department of Natural Resources				
Burlington IA 52601	502 E 9 th St				
	Des Moines IA 50319-0034				



Name: Interstate Power & L	ight		Dhana		
Name: Interstate Power & L Address: 4902 North Biltmo			Phone:		
City: Madison	State: WI Zip: 53178			L78	
If this was a Public Water Si	upply Well, p	olease provide:			
PWSID Name:	PWSID Number:				
2. Location of Well (Cistern	ı):				
¼ of,	¼ of,		, T	N, R	East West
County: Des Moines		Describe well location on			^ኴ St.
GPS Well Location: Latitude:		40.808472	Longitude:	-91.104	472
3. Well Description:					
Well-depth:	20	ft			
Depth to water	6.73	ft.			
Casing depth:	10	ft. Casing Material:	Steel X Plastic	Concrete □ C	lay 🔲 Brick 🔲 Stone
Casing diameter:	2	in.			,
Year or decade constructed:	2008		on:	☐ Driven ☐ Bored	🔀 Augured 🗌 Dug
Is this a Monitoring Well?	Yes				
Check if Cistern Depti	h:	ft. Diameter:	ft.		
certify this well has been plu additional information the cou				ive Code (IAC). I ag	ree to provide any
Signature of Owner		And the second s		Date Plugged:	3-12-2024
If plugged by certified well cor					
I have plugged this well as req	uired by rule	567-39.8 of the Iowa Adı	ministrative Code (IA	۱C).	
Signature of Contractor:	NU			Cert No:	6494
. 33					
OR, If plugged by well owner, The property owner has plugg	ged this well fo	ollowing requirements in	rule 567-39.8 of the	e Iowa Administrati	ve Code (IAC) with the
oversight and assistance of th	e designated	county agent.			
Signature of County Agent:	Date Approved:				
		• •			
Eligible for Grants-to-Counties	s cost share:	Yes No (Determin	ned by County Agen	t)	
			,		
Complete one form for each v	vell plugged a	nd submit within 30			
days to the local county agent	t:			unty agent is availa	ble, to:
Henry County Health Sanitaria	n c/o Greg Le		Water Supply Sect		
522 N 3rd St		4 4 .	lowa Department 502 E 9 th St	of Natural Resourc	:es
Burlington IA 52601			Des Moines IA 50	319-0034	



	· ·			
lame: Interstate Power & Light Phone:				
Address: 4902 North Biltmore Lane				
City: Madison State: W	Zip: 53178			
If this was a Public Water Supply Well, please provide:				
PWSID Name:	PWSID Number:			
2.1				
2. Location of Well (Cistern):	Dev Dw.			
	, T N, R East West			
County: Des Moines Describe well location on				
GPS Well Location: Latitude: 40.809194	Longitude: -91.105388			
3. Well Description:				
Well depth: 20 ft				
Depth to water 11.32 ft.				
Casing depth: ft. Casing Material:	Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🦳 Stone			
Casing diameter: in.				
Year or decade constructed: 2008 Type of Construction	on: Drilled Driven Bored X Augured Dug			
Is this a Monitoring Well? Yes No Well ID: MW-	<u> </u>			
Check if Cistern Depth: ft. Diameter:	ft.			
I certify this well has been plugged as required by rule 567-39.8 of the additional information the county or department may need concern				
Signature of Owner	Date Plugged: 3-12-2024			
If plugged by certified well contractor, complete this box:				
I have plugged this well as required by rule 567-39.8 of the Iowa Adr	ministrative Code (IAC).			
Signature of Contractor:	Cert No: 6494			
Signature of Contractor.	Cert No: 6494			
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requirements in oversight and assistance of the designated county agent.	rule 567-39.8 of the Iowa Administrative Code (IAC) with the			
Signature of County Agent:	gent: Date Approved:			
er en				
Eligible for Grants-to-Counties cost share: Yes No (Determine)	ned 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:			
Henry County Health Sanitarian c/o Greg Lemke	Water Supply Section			
522 N 3rd St	Iowa Department of Natural Resources			
Burlington IA 52601	502 E 9 th St			
ı	Des Moines IA 50319-0034			