



## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****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):**

\_\_\_\_\_  
\_\_\_\_\_  
County: Des Moines Describe well location on property: SE corner S 5<sup>th</sup> St. & RR tracks  
GPS Well Location: Latitude: 40.808666 Longitude: -91.105444

**3. Well Description:**

Well depth: 34 ft.  
Depth to water: NA ft.  
Casing depth: 24 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 3/4 in.  
Year or decade constructed: 2003 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW- 2  
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 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 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:

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<sup>th</sup> St  
Des Moines IA 50319-0034





## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****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: 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 Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 3/4 in.  
Year or decade constructed: 2003 Type of Construction: ☐ 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: 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 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 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:

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 9th St  
Des Moines IA 50319-0034





## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****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):**

\_\_\_\_\_ 1/4 of, \_\_\_\_\_ 1/4 of, \_\_\_\_\_ 1/4 of, Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ ☐ East ☐ West  
County: Des Moines Describe well location on property: E side of 100 S. 5th St.  
GPS Well Location: Latitude: 40.808111 Longitude: -91.104583

**3. Well Description:**

Well depth: 23 ft.  
Depth to water: 0.24 ft.  
Casing depth: 13 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2003 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-5R  
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 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 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:

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 9th St  
Des Moines IA 50319-0034



## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****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: 101 N. 4th St.  
GPS Well Location: Latitude: 40.808760 Longitude: -91.104550

**3. Well Description:**

Well depth: 19 ft.  
Depth to water: 8.10 ft.  
Casing depth: 9 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 1 in.  
Year or decade constructed: 2003 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-6  
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 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 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:

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 9th St  
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

**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: 115 N. 4th St.  
GPS Well Location: Latitude: 40.808805 Longitude: -91.104194

**3. Well Description:**

Well depth: 22 ft.  
Depth to water: 10.17 ft.  
Casing depth: 12 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 1 in.  
Year or decade constructed: 2003 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-7  
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 Administrative Code (IAC).

Signature of Contractor: [Signature] 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:

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 9th St  
Des Moines IA 50319-0034



## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
County: Des Moines Describe well location on property: alley behind 115 N. 4<sup>th</sup> St.  
GPS Well Location: Latitude: 40.809027 Longitude: -91.104861

**3. Well Description:**

Well depth: 18.3 ft.  
Depth to water: 10.12 ft.  
Casing depth: 8.3 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2008 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW- 09  
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 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 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:

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<sup>th</sup> St  
Des Moines IA 50319-0034











IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

**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: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2008 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW- 14  
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 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 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:

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 9th St  
Des Moines IA 50319-0034



## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****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: 108 N. 4th St.  
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: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW- 15  
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 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 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:

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 9th St  
Des Moines IA 50319-0034





## IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well  
Plugging Record****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: West side of 413 Valley St.  
GPS Well Location: Latitude: 40.809194 Longitude: -91.105388

**3. Well Description:**

Well depth: 20 ft.  
Depth to water: 11.32 ft.  
Casing depth: 10 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 2008 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW- 18  
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 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 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:

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<sup>th</sup> St  
Des Moines IA 50319-0034