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Wood  
RD

February 1, 2005

Robert D. Drustrup, Environmental Engineer  
Iowa Department of Natural Resources  
Contaminated Sites Section  
Wallace State Office Building  
502 East 9<sup>th</sup> Street  
Des Moines, Iowa 50319

**RE: Monitoring Well Abandonment  
IDNR Spill Number 041702-CWO-1230  
Edgewood, Iowa**

Dear Mr. Drustrup:

As requested in your letter dated October 27, 2004, please find attached copies of well abandonment forms for monitoring wells MW-1 through MW-3, MW-5 through MW-7, MW-9 through MW-11, MW-14, and MW-15 for the above referenced site. These wells were abandoned on January 20, 2005 in accordance to the IDNR well abandonment rule 567 IAC 39.8. The signed original forms were sent to Mr. Dennis Lyons at the courthouse in Manchester, IA.

If you have any questions regarding the content of this letter or wish to discuss it further, please feel free to contact me at (630) 689-1121.

Sincerely,  
**DELTA ENVIRONMENTAL CONSULTANTS, INC.**

A handwritten signature in black ink, appearing to read "Steve Markesic", written over a horizontal line.

Steve Markesic  
Project Hydrogeologist

cc: Derek Hubbartt, Delta Environmental Consultants  
Rick Demkovich, Atlantic Richfield (A BP affiliated company)

A member of:  
The Inogen logo consists of a stylized 'X' shape formed by two overlapping, curved lines. To the right of the 'X', the word "Inogen" is written in a bold, sans-serif font. Below "Inogen", the words "Environmental Alliance" are written in a smaller, sans-serif font.

Iowa Department of Natural Resources

**Abandoned Water Well  
Plugging Record**

1. Owner:

Name: BP PIPELINES, N.A. City: WARRENVILLE State: IL  
Address: 28100 TORCH PARKWAY Zip: 60555 Phone: (219) 787-5511

2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 90 N, Range 4 West East (circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth:	<u>17</u> ft.	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>7.6</u> ft.	Type of construction:	drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in.		
Yr. or decade constrd.:	<u>2003</u>		
Depth of casing:	<u>17</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-15</u>

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: [Signature] (AGENT FOR BP) Date Plugged: 01/20/05

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. 40682

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 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner:

Name: BP PIPELINES, N.A. City: WARRENVILLE State: IL  
Address: 28100 TORCH PARKWAY Zip: 60555 Phone: (219) 787-5511

2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 90 N, Range 4 (West) East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth: <u>17</u> ft.	Casing material: steel, <u>(plastic)</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>6.0</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, <u>(augered)</u> (circle one)
Yr. or decade constrd.: <u>2003</u>	
Depth of casing: <u>17</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-14</u>

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: [Signature] (owner for BP) Date Plugged: 01/20/05

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. 40682

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 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034

# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

### 1. Owner:

Name: BP PIPELINES, N.A. City: WARRENVILLE State: IL  
Address: 28100 TORCH PARKWAY Zip: 60555 Phone: (219) 787-5511

### 2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 90 N, Range 4 West East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

### 3. Description:

Well depth:	<u>15</u> ft.	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>6.2</u> ft.	Type of construction:	drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in.	Yr. or decade constrd.:	<u>2003</u>
Depth of casing:	<u>15</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-11</u>

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: [Signature] (AGENT FOR BP) Date Plugged: 01/20/05

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. 40682

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 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner:

Name:	<u>BP PIPELINES, N.A.</u>	City:	<u>WARRENVILLE</u>	State:	<u>IL</u>
Address:	<u>28100 TORCH PARKWAY</u>	Zip:	<u>60555</u>	Phone:	<u>(219) 787-5511</u>

2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 90 N, Range 4 West East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth:	<u>15</u> ft.	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>6.7</u> ft.	Type of construction:	drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in.	Yr. or decade constrd.:	<u>2003</u>
Depth of casing:	<u>15</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MN-10</u>

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: [Signature] (AGENT FOR BP) Date Plugged: 01/20/05

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. 40682

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 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner:

Name: BP PIPELINES, N.A. City: WARRENVILLE State: IL  
Address: 28100 TORCH PARKWAY Zip: 60555 Phone: (219) 787-5511

2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 90 N, Range 4 West East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth: <u>15</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4.7</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>2003</u>
Depth of casing: <u>15</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-9</u>

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: [Signature] (Agent for BP) Date Plugged: 01/20/05

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. 40682

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 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034

# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

### 1. Owner:

Name: BP PIPELINES, N.A. City: WARRENVILLE State: IL  
Address: 28100 TORCH PARKWAY Zip: 60555 Phone: (219) 787-5511

### 2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 9.2 N, Range 4 West East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

### 3. Description:

Well depth: 13 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
(circle one)  
Depth to water: 7.5 ft.  
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered  
(circle one)  
Yr. or decade constrd.: 2002  
Depth of casing: 13 ft. Check ☒ if this is a Monitoring Well Well I D.: 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: [Signature] Date Plugged: 01/20/05

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. 40602

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 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034

# Abandoned Water Well Plugging Record

Name: BP PIPELINES, N.A. City: WARRENVILLE State: IL  
Address: 29100 TORCH PARKWAY Zip: 60555 Phone: (219) 787-5511

\_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, Section 8, Twp. 90 N, Range 4 West East(circle one)  
Deer Creek County, Describe well location on property:

Well depth: 43 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
Depth to water: 087 ft. (circle one)  
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered  
Yr. or decade constrd.: 2002 (circle one)  
Depth of casing: 43 ft. Check ☒ if this is a Monitoring Well Well I.D.: 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: [Signature] (Agent for GP) Date Plugged: 01/26/03

**I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).**

Signature of Contractor: *[Signature]* Cert. No. 40682

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034**



Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner:

Name: 3P PIPELINES, N.A. City: WARRENVILLE State: IL  
Address: 28100 TORCH PARKWAY Zip: 60555 Phone: (2A) 787-5511

2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 90 N, Range 4 West East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth: <u>15</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>9.1</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>2002</u>
Depth of casing: <u>15</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-5</u>

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: [Signature] (Agent for OP) Date Plugged: 01/20/08

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. 40682

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 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:

	<p>Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034</p>
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# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

### 1. Owner:

Name: <u>BP PIPELINES, N.A.</u>	City: <u>WARRENVILLE</u>	State: <u>IL</u>
Address: <u>28100 TORCH PARKWAY</u>	Zip: <u>60555</u>	Phone: <u>(219) 787-5511</u>

### 2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 90 N, Range 4 West East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

### 3. Description:

Well depth: <u>15</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>11.8</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>2002</u>
Depth of casing: <u>15</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-3</u>

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: [Signature] Date Plugged: 01/20/05

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. 40682

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 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner:

Name: <u>BP PIPELINES, N.A.</u>	City: <u>WARRENVILLE</u>	State: <u>IL</u>
Address: <u>28100 TORCH PARKWAY</u>	Zip: <u>60555</u>	Phone: <u>(219) 787-5511</u>

2. Well (Cistern) Location:

1/4 of, 1/4 of, 1/4 of, Section 8, Twp. 90 N, Range 4 West East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth: <u>15</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>45</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>2002</u>
Depth of casing: <u>15</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-2</u>

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: [Signature] (Agent for BP) Date Plugged: 01/20/05

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. 40682

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 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

**Abandoned Water Well  
Plugging Record**

1. Owner:

Name: <u>BP PIPELINES, N.A.</u>	City: <u>WARRENVILLE</u>	State: <u>IL</u>
Address: <u>28100 TORCH PARKWAY</u>	Zip: <u>60555</u>	Phone: <u>(219) 787-5511</u>

2. Well (Cistern) Location:

NE 1/4 of, NE 1/4 of, \_\_\_\_\_ 1/4 of, Section 8, Twp. 90 N, Range 4 West East(circle one)  
DELAWARE County, Describe well location on property: \_\_\_\_\_

3. Description:

Well depth: <u>33</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>DRY</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>2002</u>
Depth of casing: <u>33</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-1</u>

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: [Signature] (Agent for AP) Date Plugged: 01/20/05

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. 40602

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 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:

	<b>Water Supply Section</b> <b>Department of Natural Resources</b> <b>900 East Grand Avenue</b> <b>Des Moines, IA 50319-0034</b>
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