

May 24, 2024

Mike Smith, EES  
Iowa Department of Natural Resources  
Wallace State Office Building  
502 East 9th Street  
Des Moines, IA 50319-0034

RE: Calhoun County Landfill (closed); Abandoned Groundwater Well Plugging Records;  
Permit #13-SDP-01-72C; MER #9042

Dear Mr. Smith:

In calendar year 2023 the Department granted an Environmental Covenant (EC) to the Calhoun County Landfill. Calhoun County recorded all official instruments of this Environmental Covenant on March 13, 2023. These recorded EC documents were forward to the Department on March 28, 2023. Calhoun County received a Department notice on April 12, 2023 recommending that Calhoun County remove monitoring wells, including, gas monitoring, and leachate monitoring points. Removal of these locations is required unless a plan to maintain those locations be submitted to the Department within 2 years of said notice.

Calhoun County sent out and secured bids for their landfill monitoring well removal during the summer of calendar year 2023. Mort's Water Company from Latimer, Iowa was awarded the contract for this well removal. All well removal, per this contract, must be compliant with the rules as stated in 567 IAC 39 and must be completed prior to June 1, 2024.

Mort's arrived at the Calhoun County Landfill on April 11, 2024 to complete the well removal as proposed in the contract. This removal project did include all groundwater monitoring wells, gas monitoring wells, and leachate piezometers. Enclosed are copies of the completed DNR Form 542-1226 for all wells removed and plugged at the Calhoun County Landfill on April 11, 2024.

Respectfully submitted on behalf of the Calhoun County Landfill,

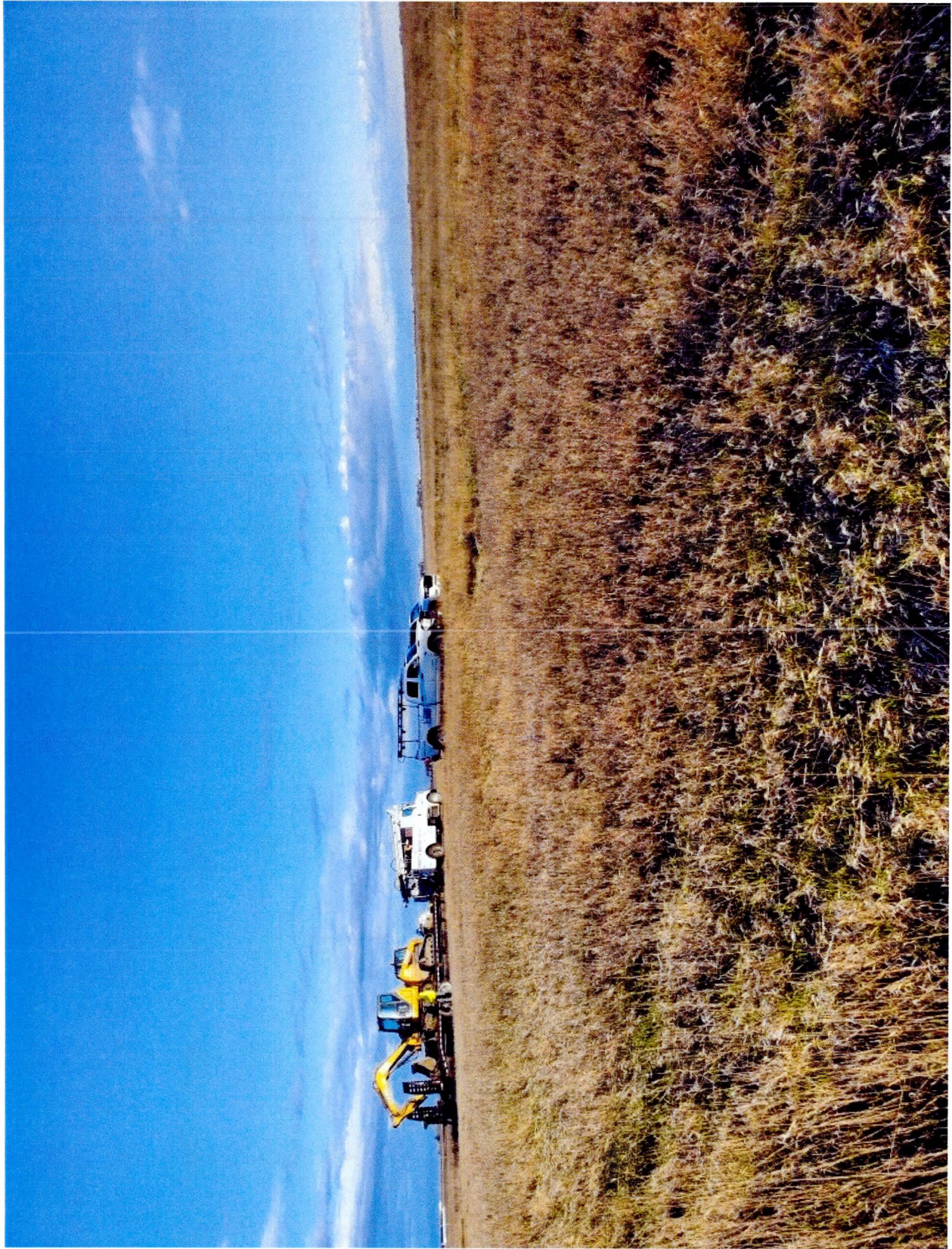
  
Dave Minikis, Sr. Eng. Tech.

cc Mr. Nick Buse, P.E., Calhoun County Engineer  
IDNR – Jennifer Christian, Region 3 Field Office

RECEIVED

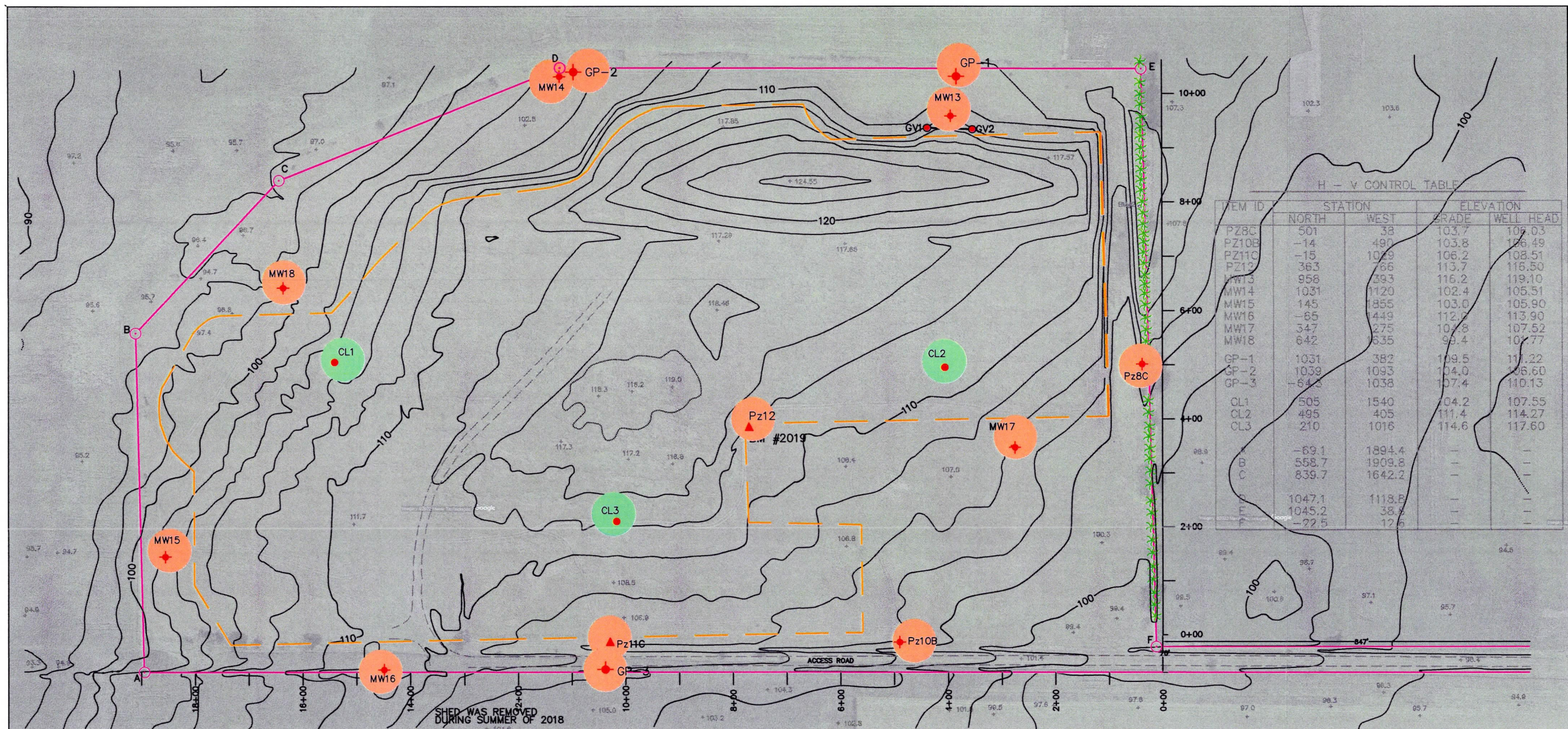
MAY 28 2024





Mort's Water Company at the Calhoun County Landfill for Well Removal - April 11, 2024





H - V CONTROL TABLE

ITEM ID	STATION		ELEVATION	
	NORTH	WEST	GRADE	WELL HEAD
PZ8C	501	38	103.7	106.03
PZ10B	-14	490	103.8	106.49
PZ11C	-15	1029	106.2	108.51
PZ12	363	766	113.7	116.50
MW13	958	393	116.2	119.10
MW14	1031	1120	102.4	105.51
MW15	145	1855	103.0	105.90
MW16	-65	449	112.5	113.90
MW17	347	275	102.8	107.52
MW18	642	1635	99.4	102.77
GP-1	1031	382	109.5	111.22
GP-2	1039	1093	104.0	106.60
GP-3	-642	1038	107.4	110.13
CL1	505	1540	104.2	107.55
CL2	495	405	111.4	114.27
CL3	210	1016	114.6	117.60
B	-69.1	1894.4	-	-
C	558.7	1909.8	-	-
	839.7	1642.2	-	-
F	1047.1	1118.8	-	-
	1045.2	38.8	-	-
	-22.5	12.6	-	-

- LEGEND**
- GROUNDWATER PIEZOMETER
  - LEACHATE PIEZOMETER
  - MONITORING WELL
  - PROPERTY BOUNDARY
  - SOLID WASTE FILL LIMITS
  - PROPERTY CORNERS
  - GAS MONITORING WELL
  - GAS VENT (GV1)

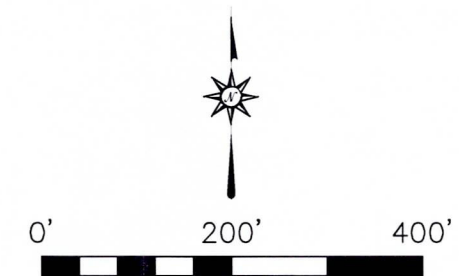
- 2" PVC WELL LOCATION - REMOVED APRIL 11, 2024
- 4" PVC WELL LOCATION - REMOVED APRIL 11, 2024

**BENCHMARKS:**  
 BM# 1 TOP OF PVC CASING ON MW18 (F.B.#77) ..... ELEV. 101.77  
 BM# 2 TOP OF STEEL I-BEAM, SOUTH SIDE (F.B.#68) ... ELEV. 111.80  
 BM# 2019 5/8" IRON PIN w/PINK CAP ..... ELEV. 114.09

**NOTE:**  
 THE COORDINATE SYSTEM AS SHOWN IS THE SAME AS WAS ORIGINALLY ESTABLISHED.

CONTOUR INTERVAL = 2 FOOT

TOPOGRAPHIC SURVEY



PORTIONS OF THIS MAP WERE COMPILED BY STEREOPHOTOGRAMMETRIC METHODS FROM AERIAL PHOTOGRAPHY DATED 03/23/89. REVISED BY GROUND SURVEY 11/09/93.

ORIGINAL PLAN DIGITIZED 11/04/2004.

IDNR PERMIT No. 13 - SDP - 01 - 72C



# IOWA DEPARTMENT OF NATURAL RESOURCES

## Abandoned Water Well Plugging Record

**1. Owner:**

Name:	CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE	Phone:	712-297-8322
Address:	APPROX: 2559 SIGOURNEY AVE	MAIL TO:	416 4TH ST.
City:	ROCKWELL CITY	State:	IA
		Zip:	50579

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

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

## 2. Location of Well (Cistern):

\_\_\_\_\_% of, \_\_\_\_\_ % of, \_\_\_\_\_ % of, Section 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: 501 Longitude: 38  
N-S E-W

### 3. Well Description:

Well depth: 23 ft.  
Depth to water: \_\_\_\_\_ ft.  
Casing depth: 23 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: P-80  
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: \_\_\_\_\_

**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: 1/10/2024 Cert No: 12474

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

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: -14 Longitude: 490

**3. Well Description:**

Well depth: 18 ft.  
Depth to water: NA ft.  
Casing depth: 18 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2" in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: PZ10B  
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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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

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

**2. Location of Well (Cistern):**

\_\_\_\_\_ % of, \_\_\_\_\_ % of, \_\_\_\_\_ % of, Section 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: -15 Longitude: 1029

**3. Well Description:**

Well depth: 10 ft.  
Depth to water: NA ft.  
Casing depth: 10 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2" in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: P=MC  
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: \_\_\_\_\_

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: 124X

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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

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

**2. Location of Well (Cistern):**

\_\_\_\_\_% of, \_\_\_\_\_ % of, \_\_\_\_\_ % of, Section 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: 363 Longitude: 766

N-S

E-W

**3. Well Description:**

Well depth: 18 ft.  
Depth to water: \_\_\_\_\_ ft.  
Casing depth: 18 1/2 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: P-12  
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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: 958 Longitude: 393

**3. Well Description:**

Well depth: 19 ft.  
Depth to water: .24 ft.  
Casing depth: 19 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW13  
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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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MW14



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

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
 Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
 City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88 N, R 32 ☐ East ☐ West  
 County: CALHOUN Describe well location on property: \_\_\_\_\_  
 GPS Well Location: Latitude: 1031 Longitude: 1120  
N-S E-W

**3. Well Description:**

Well depth: 18 ft.  
 Depth to water: \_\_\_\_\_ ft.  
 Casing depth: 18 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
 Casing diameter: 2 in.  
 Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
 Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW14  
 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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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MW15



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

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: 143 Longitude: 1853  
N-S E-W

**3. Well Description:**

Well depth: 20 ft.  
Depth to water: \_\_\_\_\_ ft.  
Casing depth: 20 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW15  
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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

MW16

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88, N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: -65 Longitude: 1449  
N-S E-W

**3. Well Description:**

Well depth: 25 ft.  
Depth to water: \_\_\_\_\_ ft.  
Casing depth: 25 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: \_\_\_\_\_ in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW16  
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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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

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

**2. Location of Well (Cistern):**

\_\_\_\_\_ % of, \_\_\_\_\_ % of, \_\_\_\_\_ % of, Section 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: 42.421655 Longitude: -94.557426

**3. Well Description:**

Well depth: 19 ft. 347 275  
Depth to water: \_\_\_\_\_ ft. N-S E-W  
Casing depth: 19 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW17  
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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

MW18

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88, N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: 642 Longitude: 1635  
N-S E-W

**3. Well Description:**

Well depth: 19 ft.  
Depth to water: NA ft.  
Casing depth: 19 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW18  
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: \_\_\_\_\_

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: 1247

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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GP-1



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

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
 Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
 City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88 N, R 32 ☐ East ☐ West  
 County: CALHOUN Describe well location on property: \_\_\_\_\_  
 GPS Well Location: Latitude: 1031 Longitude: 382

**3. Well Description:**

Well depth: 20 ft.  
 Depth to water: NA ft.  
 Casing depth: 20 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
 Casing diameter: 2' in.  
 Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
 Is this a Monitoring Well? ☒ Yes ☐ No Well ID: GP-1  
 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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
 Plugging Record**

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
 Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
 City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88 N, R 32 ☐ East ☐ West  
 County: CALHOUN Describe well location on property: \_\_\_\_\_  
 GPS Well Location: Latitude: 1039 Longitude: 1053

**3. Well Description:**

Well depth: 22 ft.  
 Depth to water: NA ft.  
 Casing depth: 22 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
 Casing diameter: 2" in.  
 Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
 Is this a Monitoring Well? ☒ Yes ☐ No Well ID: GP-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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> <b>Iowa Department of Natural Resources</b> <b>502 E 9<sup>th</sup> St</b> <b>Des Moines IA 50319-0034</b>
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GP-3



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

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
 Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
 City: ROCKWELL CITY State: IA Zip: 50579

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 22, T 88 N, R 32 ☐ East ☐ West  
 County: CALHOUN Describe well location on property: \_\_\_\_\_  
 GPS Well Location: Latitude: -64.3 Longitude: 1038

**3. Well Description:**

Well depth: 17 ft.  
 Depth to water: NA ft.  
 Casing depth: 17 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
 Casing diameter: 2 in.  
 Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
 Is this a Monitoring Well? ☒ Yes ☐ No Well ID: GP-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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> <b>Iowa Department of Natural Resources</b> 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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CL1



IOWA DEPARTMENT OF NATURAL RESOURCES  
Abandoned Water Well  
Plugging Record

1. Owner:

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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

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

2. Location of Well (Cistern):

\_\_\_\_\_ % of, \_\_\_\_\_ % of, \_\_\_\_\_ % of, Section 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: 505 Longitude: 1540

3. Well Description:

Well depth: 15 ft.  
Depth to water: NA ft.  
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 4 in.  
Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
Is this a Monitoring Well? ☐ Yes ☐ No Well ID: CL1  
Check if Cistern ☐ Depth: \_\_\_\_\_ ft. Diameter: 8 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: \_\_\_\_\_

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: 12474

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:

	<p>Water Supply Section Iowa Department of Natural Resources 502 E 9<sup>th</sup> St Des Moines IA 50319-0034</p>
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IOWA DEPARTMENT OF NATURAL RESOURCES  
**Abandoned Water Well  
Plugging Record**

**1. Owner:**

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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

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

**2. Location of Well (Cistern):**

\_\_\_\_\_ % of, \_\_\_\_\_ % of, \_\_\_\_\_ % of, Section 22, T 88 N, R 32 ☐ East ☐ West

County: CALHOUN Describe well location on property: \_\_\_\_\_

GPS Well Location: Latitude: 42.422061 Longitude: -94.5578939  
445 405

**3. Well Description:**

Well depth: 8.5 ft.  
Depth to water: \_\_\_\_\_ ft.  
Casing depth: 8.5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 4 in.

Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: CL2

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: \_\_\_\_\_

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: 12474

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:

	<b>Water Supply Section</b> Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034
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# IOWA DEPARTMENT OF NATURAL RESOURCES

## Abandoned Water Well Plugging Record

1. Owner:

Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322  
Address: APPROX: 2559 SIGOURNEY AVE MAIL TO: 416 4TH ST.  
City: ROCKWELL CITY State: IA Zip: 50579

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

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

## 2. Location of Well (Cistern):

\_\_\_\_\_% of, \_\_\_\_\_% of, \_\_\_\_\_% of, Section 22, T 88 N, R 32 ☐ East ☐ West  
County: CALHOUN Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude: 42.421271 Longitude: -94.560156

### 3. Well Description:

Well depth: 17 ft. *N-S* *E-W*  
 Depth to water: \_\_\_\_\_ ft.  
 Casing depth: 17 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
 Casing diameter: 4 in.  
 Year or decade constructed: \_\_\_\_\_ Type of Construction: ☐ Drilled ☒ Driven ☐ Bored ☐ Augured ☐ Dug  
 Is this a Monitoring Well? ☒ Yes ☐ No Well ID: CL3  
 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: \_\_\_\_\_

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: 1.074 Cert No: 12414

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