

110227

109 Regency West Court Fort Dodge, Iowa 50501 Phone (515)955-3635 Fax (515)955-3788

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.

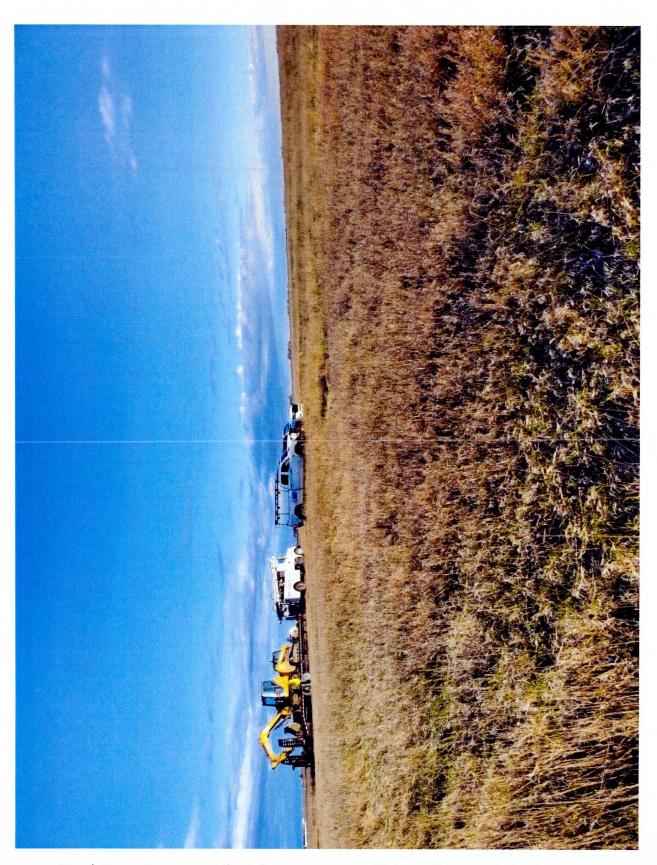
Respectfully submitted on behalf of the Calhoun County Landfill,

Dave Minikis, Sr. Eng. Tech.

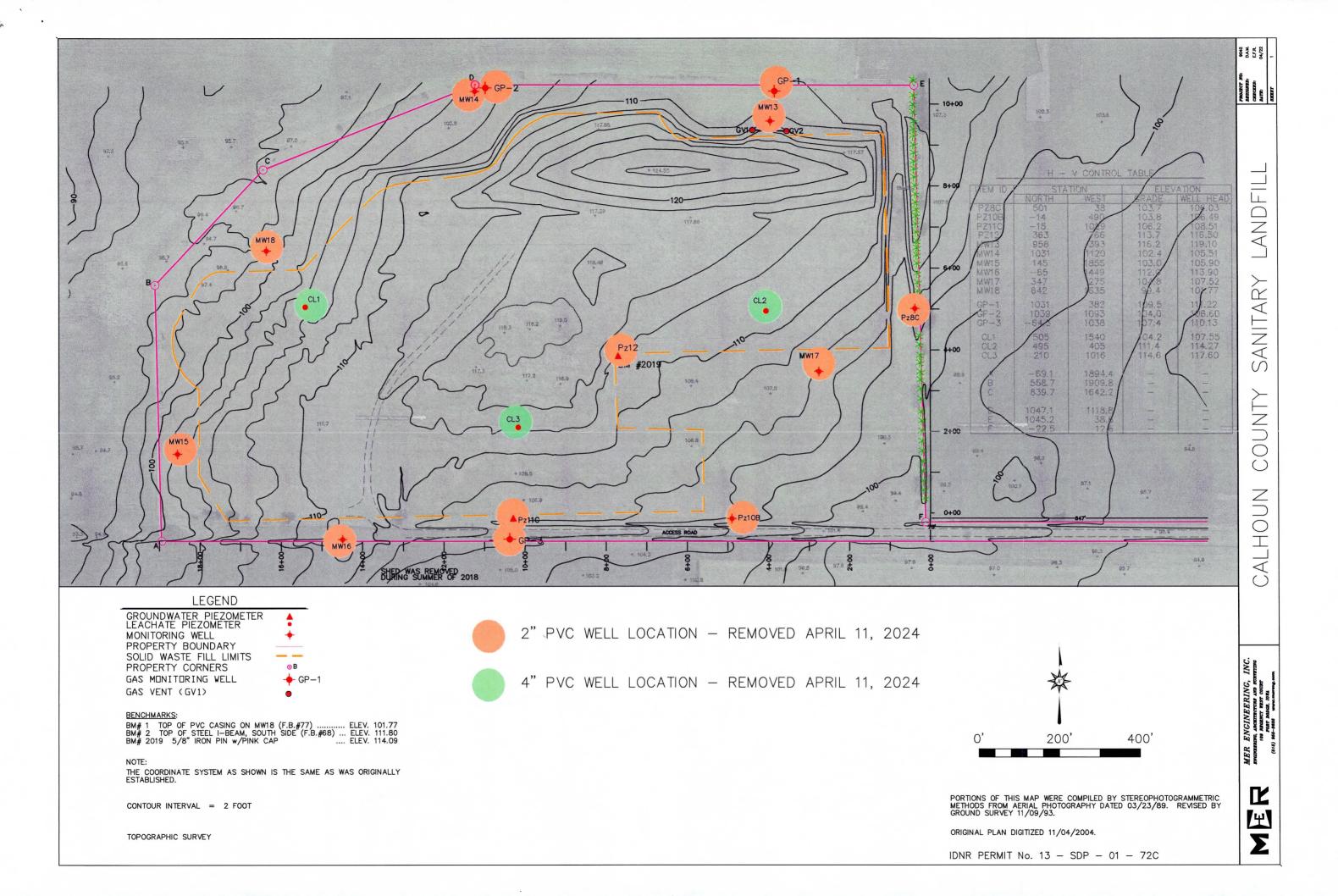
cc

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





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: 1/4	Zip: 50579	
If this was a Dublic Mean Count Media		
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	nranortu.	
GPS Well Location: Latitude: 50	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		
Is this a Monitoring Well? Yes No Well ID:	28C	
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 Ad	ministrative Code (IAC).	
$//$ J_{1}	1-1-11	
Signature of Contractor:	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	
	lowa Department of Natural Resources	
	502 E 9 th St	
	Des Moines IA 50319-0034	



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: 1	A Zip: 50579	
If this was a Public Water Supply Well, please provide:		
PWSID Name:		
PVVSID 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		
	Longitude: 490	
3. Well Description:		
Well depth: 18 ft		
Depth to water MA ft.	* /	
	Steel Plastic Concrete Clay Brick Stone	
Casing diameter: 2// in.		
- Control of the Cont	ion: Drilled 🗖 Driven 🗌 Bored 🔲 Augured 🔲 Dug	
Is this a Monitoring Well? XYes No Well ID:		
Check if Cistern Depth: ft. Diameter:		
check in disterin re. Diameter.	ft.	
I certify this well has been plugged as required by rule 567-39.8 of tadditional information the county or department may need concern	the Iowa Administrative Code (IAC). I agree to provide any ning 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 Ad	ministrative Code (IAC).	
Signature of Contractor: 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 lowa Department of Natural Resources 502 E 9 th St	
	Des Moines IA 50319-0034	



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:	
*	FWSID 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		
GPS Well Location: Latitude: ————————————————————————————————————	Longitude: 1029	
3. Well Description:		
Well depth: /[) ft		
Depth to water M4 ft.	κ.	
	Steel Plastic Concrete Clay Brick Stone	
Casing diameter: 2" in.	= steer	
The state of the s	on: Drilled Driven Bored Augured Dug	
<u> </u>	2110	
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	ne Iowa Administrative Code (IAC). I agree to provide any ning 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 Adr	ministrative Code (IAC).	
Signature of Contractor: Cert No: 124 #		
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 (Determine)	ned by County Agent)	
Complete one form for each well alwayed and authority will 1, 22		
Complete one form for each well plugged and submit within 30 days to the local county agent:	OR, only if no county agent is available, to:	
	Water Supply Section Iowa Department of Natural Resources 502 E 9 th St Des Moines IA 50319-0034	



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: 14	Zip: 50579	
If this was a Dublic Water Comple Wall along a social		
If this was a Public Water Supply Well, please provide:	DIVISION IN THE STATE OF THE ST	
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: 363	Longitude: 766	
3. Well Description:	F-W	
Well depth: j & ft	~	
Depth to water ft.		
Casing depth: 18 ft. Casing Material:	Steel 🖳 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone	
Casing diameter: 2 in.		
	on: Drilled Driven Bored Augured Dug	
	212	
Check if Cistern Depth: ft. Diameter:	ft.	
I certify this well has been plugged as required by rule 567-39.8 of the lowa 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 567339.8 of the Iowa Ad	ministrative Code (IAC).	
Signature of Contractor:	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:	
r.		
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 th St	
	Des Moines IA 50319-0034	



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: L	A 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		
County: CALHOUN Describe well location or		
GPS Well Location: Latitude: 958	Longitude: <u>353</u>	
3. Well Description:		
Well depth: ft		
Depth to water ft.		
	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.		
	ion: Drilled 🗓 Driven 🗌 Bored 🗌 Augured 🔲 Dug	
Is this a Monitoring Well? Yes No Well ID:	Dug Driven D Bored D Augured D Dug	
Check if Cistern Depth: ft. Diameter:		
I certify this well has been plugged as required by rule 567-39.8 of tadditional information the county or department may need concern Signature of Owner	ning 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 Ad	ministrative Code (IAC).	
Signature of Contractor: Cert No: 1247#		
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 lowa Administrative Code (IAC) with the	
Signature of County Agent:	Date Approved:	
Eligible for Grants-to-Counties cost share: Yes No (Determine	ned by County Agent)	
Complete one form for each well-live and a local and a second		
Complete one form for each well plugged and submit within 30 days to the local county agent:	OR only if an assurt	
and the focus country agent.	OR, only if no county agent is available, to: Water Supply Section	
	lowa Department of Natural Resources 502 E 9 th St Des Moines IA 50319-0034	



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: 14	Zip: 50579	
If this was a Rublia Water County Wall along a social		
If this was a Public Water Supply Well, please provide:	DATE:	
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		
GPS Well Location: Latitude: 1031	Longitude: 112D	
N-5	F-W	
3. Well Description:	L	
Well depth: _\lambda \bigset ft		
Depth to water ft.		
	☐ Steel 💢 Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: in.		
	on: Drilled Driven Bored Augured Dug	
Is this a Monitoring Well? Yes No Well ID:	100 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:	
If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the Iowa Ad	ministrative Code (IAC).	
Signature of Contractor:	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:		
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	
	lowa Department of Natural Resources 502 E 9 th St	
	Des Moines IA 50319-0034	





CALLIOUN CO. LANDELL & CALLIOUN CO. COURTURIUS	
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):	
	22 , T <u>88</u> N, R <u>32</u> East West
County: CALHOUN Describe well location on	
GPS Well Location: Latitude:	Longitude: 1853
3: Well Description:	E-W
Well depth: 20 ft	
Depth to water ft.	
Casing depth: 20 ft. Casing Material:	Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.	arec: My land Content of Cital
	on: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID:	
_	
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:
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).
// X12-1	.,
Signature of Contractor:	Cert No:
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 (Determine Complete one form for each well plugged and submit within 30	ned by County Agent)
days to the local county agent:	OR, only if no county agent is available, to:
	Water Supply Section
	lowa Department of Natural Resources 502 E 9 th St
	Des Moines IA 50319-0034

MW16



IOWA DEPARTMENT OF NATURAL RESOURCES

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:	
	, word named.	
2. Location of Well (Cistern):		
	22 , T <u>88</u> N, R <u>32</u> East West	
County: CALHOUN Describe well location on		
GPS Well Location: Latitude:	Longitude: 1449	
3. Well Description:	F.W	
Well depth: 25 ft		
Depth to water ft.		
	Steel W Blootie Comments Color D Diet Comme	
Casing diameter: in.	Steel Plastic Concrete Clay Brick Stone	
The state of the s	on: Drilled 🗷 Driven 🗌 Bored 🗎 Augured 🔲 Dug	
Is this a Monitoring Well? Yes No Well ID: Mu		
	16	
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	ne Iowa Administrative Code (IAC). I agree to provide any ing 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 56/7;39.8 of the Iowa Adr	ministrative Code (IAC).	
// A/ A	1 2 1 2 11	
Signature of Contractor:	Cert No: 12974	
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 (Determin	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:	
	Water Supply Section Iowa Department of Natural Resources 502 E 9 th St Des Moines IA 50319-0034	



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:		
DIA/CID No.	PWSID Number:	
PWSID Name:	FW3ID 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		
GPS Well Location: Latitude: 42.4216.55	Longitude: - 94.557426	
3. Well Description: 347	. 275	
: (4	C.W	
	E	
D'epth to water ft.		
	Steel Plastic Concrete Clay Brick Stone	
Casing diameter: in.		
	on: Drilled Driven Bored Augured Dug	
Is this a Monitoring Well? Yes No Well ID: MW	71 (
Check if Cistern Depth: ft. Diameter:	ft.	
I certify this well has been plugged as required by rule 567-39.8 of tadditional information the county or department may need concern		
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 Ado	ministrative Code (IAC).	
11 -1 1 1 1	171211	
Signature of Contractor:	Cert No:	
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 lowa 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 lowa Department of Natural Resources 502 E 9 th St	
	Des Moines IA 50319-0034	

MW18



IOWA DEPARTMENT OF NATURAL RESOURCES

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: 14	Zip: 50579
If this was a Dublic Water Supply Wall places provides	
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	nroperty:
GPS Well Location: Latitude: 692	Longitude: 1635
NrS	Longitude: 1635
3. Well Description:	2
Well depth:	
Depth to water ft.	
Casing depth: ft. Casing Material:	Steel 📈 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: in.	
	ion: Drilled 💢 Driven 🗌 Bored 🔲 Augured 🔲 Dug
Is this a Monitoring Well? Yes No Well ID:	
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:
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39/8 of the Iowa Ad	ministrative Code (IAC).
// A111	12121
Signature of Contractor:	Cert No:/ 24 ¾
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 (Determine	ned by County Agent)
Complete and four for each well alward and submit within 20	
Complete one form for each well plugged and submit within 30 days to the local county agent:	OR, only if no county agent is available, to:
days to the local country agent.	Water Supply Section
	Iowa Department of Natural Resources
	502 E 9 th St
	Des Moines IA 50319-0034



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:	
T WOID 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: 26 ft		
Depth to water AA ft.	•	
Casing depth: The control of the co	Steel Plastic Concrete Clay Brick Stone	
Casing diameter: 24 in.		
	on: Drilled Driven Bored Augured Dug	
Is this a Monitoring Well? Yes No Well ID:	O. 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:	
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	ninistrative Code (IAC).	
Signature of Contractor:	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	
	lowa Department of Natural Resources 502 E 9 th St	
· · · · · · · · · · · · · · · · · · ·	Des Moines IA 50319-0034	



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: 14	Zip: 50579
If this was a Public Water Supply Well, please provide:	
PWSID Name:	DIA/SID Number
	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: 1035	Longitude: 1053
3. Well Description:	
Well depth: 22 ft	
Depth to water MA ft.	
Casing depth: 27 ft. Casing Material:	Steel Plastic Concrete Clay Brick Stone
Casing diameter: 21 in.	
Year or decade constructed: Type of Constructi	ion: Drilled X Driven Bored Augured Dug
Is this a Monitoring Well? Yes \ No Well ID: 6	
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	he Iowa Administrative Code (IAC). I agree to provide any ning 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 lowa Ad	ministrative Code (IAC).
Signature of Contractor:	Cert No: 12474
signature of contractor.	Cert No: _/2-///
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
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Eligible for Grants-to-Counties cost share: Yes No (Determine	ned by County Agent)
Complete and form for each well by the first transfer	
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:
days to the local county agent.	Water Supply Section Iowa Department of Natural Resources 502 E 9 th St
	Des Moines IA 50319-0034



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: 14	Zip: 50579	
If this was a Dublia Water Complex Wall along the		
If this was a Public Water Supply Well, please provide:		
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
½ ¼ of, ¼ of, ¼ of, Section	22 , T 88 N, R 32	
County: CALHOUN Describe well location on		
GPS Well Location: Latitude: ~64,3		
	10 3/	
3. Well Description:		
Well depth:		
Depth to water ft.		
	Steel Plastic Concrete Clay Brick Stone	
Casing diameter: in.		
Year or decade constructed: Type of Construction	on: Drilled 🗹 Driven 🗌 Bored 🗌 Augured 🔲 Dug	
Is this a Monitoring Well? Yes \(\sum \) No Well ID: \(\bullet -\bullet \)	93_	
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 lowa Add	ministrative Code (IAC).	
Signature of Contractor:	121.211	
Signature of Contractor:	Cert No: 12914	
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 lowa 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:		
Complete and form for each well along the last of the Complete and the Com		
Complete one form for each well plugged and submit within 30 days to the local county agent:	OP only if no county agent is such label.	
days to the local country agent.	OR, only if no county agent is available, to: Water Supply Section	
	lowa Department of Natural Resources 502 E 9 th St	
	Des Moines IA 50319-0034	



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: 1/2	Zip: 50579	
If this was a Public Water Supply Well, please provide:		
PWSID Name:	PWSID Number:	
2.1		
2. Location of Well (Cistern):	22 - 22 - 2	
	22 , T <u>88</u> N, R <u>32</u> East West	
,		
GPS Well Location: Latitude:	Longitude:	
3. Well Description:		
Well depth: 15 ft		
Depth to water MA ft.		
Casing depth: 15 ft. Casing Material:	Steel Plastic Concrete Clay Brick Stone	
Casing diameter: 4 in.		
Year or decade constructed: Type of Construction	ion: Drilled (X) Driven Bored Augured Dug	
Is this a Monitoring Well? Yes No Well ID:	2L 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 \$67-39.8 of the Iowa Ad	ministrative Code (IAC).	
Signature of Contractor:	- 121/	
Signature of contractor:	Cert No:	
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 lowa 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-live-dead and asked with the		
Complete one form for each well plugged and submit within 30 days to the local county agent:	OP only if no county agent is good to	
and to the local country agent.	OR, only if no county agent is available, to: Water Supply Section	
	lowa Department of Natural Resources 502 E 9 th St	
	Des Moines IA 50319-0034	



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): X of, X of, X of, Section 22 , T 88 N, R 32	1. Owner:		
City: ROCKWELL CITY	Name: CALHOUN CO. LANDFILL % CALHOUN CO. COURTHOUSE Phone: 712-297-8322		
If this was a Public Water Supply Well. please provide: PWSID Name: PWSID Name: PWSID Number:	Address: APPROX: 2559 SIGOURNEY AVE	MAIL TO: 416 4TH ST.	
PWSID Name: PWSID Number:	City: ROCKWELL CITY State: 14	Zip: 50579	
PWSID Name:	If this was a Public Water Supply Well, please provide:		
2. Location of Well (Cistern):		PM/SID Number	
Work Work Work Work Work Work Work Work County CALHOUN Describe well location on property:	TWO Name.	FWSID Number.	
County: CALHOUN OPSCRIBL Location: Latitude: 42,47206/ Longitude: -94,553/8937 3. Well Description: 46 Well depth: 5 ft Depth to water ft. Casing depth: 7 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone Casing diameter: 7 in. Year or decade constructed: Type of Construction: Drilled Driven Bored Augured Dug Is this a Monitoring Well? Yes No Well ID: 61 Check if Cistern Depth: ft. Diameter: ft. I certify this well has been plugged as required by rule 567-39.8 of the lowa 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 lowa Administrative Code (IAC). Signature of Contractor: 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 lowa Administrative Code (IAC) with the oversight and assistance of the designated county agent. Signature of County Agent: Date Approved: Pate Approved: Water Supply Section lowa Department of Natural Resources 502 E 9th St. Water Supply Section lowa Department of Natural Resources 502 E 9th St.	2. Location of Well (Cistern):		
County: CALHOUN Describe well location on property: GPS Well Location: Latitude: 42.47206 Longitude: 54.55 8935 3. Well Description: 45 ft Depth to water Grasing depth: ft. Depth to water Gasing depth: 7, ft. Casing Material: Steel Plastic Concrete Clay Brick Stone Casing diameter: 7, ft. Casing Material: Drilled Driven Bored Augured Dug Is this a Monitoring Well? Yes No Well ID: 62 Check if Cistern Depth: ft. Diameter: ft. I certify this well has been plugged as required by rule 567-39.8 of the lowa 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 lowa Administrative Code (IAC). Signature of Contractor: 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 lowa 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: Water Supply Section lowa Department of Natural Resources 502 E 9th 5th 100 county agent is available, to:	¼ of, ¼ of, ¼ of, Section	22 , T 88 N, R 32 East West	
3. Well Description: Well depth: Depth to water Casing depth: Casing depth: Gasing depth: Type of Construction: Type of Constructi	County: CALHOUN Describe well location on	property:	
3. Well Description: Well depth: Depth to water Casing depth: Casing depth: Gasing depth: Type of Construction: Type of Constructi	GPS Well Location: Latitude: 42.42206/	Longitude: -94.557 8939	
Well depth: Depth to water	1.7	405	
Depth to water Casing depth: Casing Material: Casing Mate		, 3	
Casing depth: Casing diameter: Year or decade constructed: Is this a Monitoring Well? Check if Cistern Depth: I certify this well has been plugged as required by rule 567-39.8 of the lowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well. Signature of Owner 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: Cert	Manager and American		
Casing diameter: Year or decade constructed: In Type of Construction: Drilled Driven Bored Augured Dug	•		
Year or decade constructed: It yes No Well ID: 2 2 Check if Cistern Depth: ft. Diameter: ft. I certify this well has been plugged as required by rule 567-39.8 of the lowa 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 lowa Administrative Code (IAC). Signature of Contractor: Cert No: 24744 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 lowa 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 th St		Steel X Plastic Concrete Clay Brick Stone	
Is this a Monitoring Well?			
Check if Cistern Depth:		in: Drilled M Driven Bored Augured Dug	
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days to the local county agent: OR, only if no county agent is available, to: Water Supply Section lowa Department of Natural Resources 502 E 9 th St	Eligible for Grants-to-Counties cost share: Yes No (Determined by County Agent)		
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502 E 9 th St			
		lowa Department of Natural Resources	
		Des Moines IA 50319-0034	



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: 14	Zip: 50579	
If this was a Rublic Water Supply Wall places was ide.		
If this was a Public Water Supply Well, please provide:	DIVISION AL	
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: 42, 421271	Longitude: -94.560/56	
3. Well Description: 210	Wh	
7 1/-5	(1)	
	E-W	
Casing depth: ft. Casing Material:	Steel 💢 Plastic 🗌 Concrete 🗍 Clay 📗 Brick 🦳 Stone	
Casing diameter: Year or decade constructed: Type of Construction Type of Construction		
	ion: Drilled 🔀 Driven 🗌 Bored 🗌 Augured 🗌 Dug	
Is this a Monitoring Well? Yes No Well ID:	<u>. L 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	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 Ad	ministrative Code (IAC).	
// A1 1	1711	
Signature of Contractor:	Cert No: 124 17	
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.		
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