



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

1. Owner:

Name: Scott County Landfill Phone: 563-388-1447
 Address: 11555 110th Avenue
 City: Davenport State: Iowa Zip: 52804

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, SE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 13, T 77 N, R 2 East West
 County: Scott Describe well location on property: See attached map, well replaced with MW-18R
 GPS Well Location: Latitude: 41.47382 Longitude: -90.679

3. Well Description:

Well depth: 62 ft
 Depth to water: 22 ft.
 Casing depth: 62 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2" in.
 Year or decade constructed: 1989 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW-18
 Check if Cistern Depth: _____ ft. Diameter: _____ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner Brian Seal Date Plugged: 3/21/24

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: Dan Oley Cert No: 9351

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 9th St Des Moines IA 50319-0034
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WELL RECORD FORM

PWSID# or PWTS No. PWTS Permit No. GeoSam WNumber (IGS use only)

Site Identification
Property owner
Address
Tenant
Well depth
Date completed

Drill Method
Hole size
hole size continued

Location
GPS coordinates (NAD83 datum)
Latitude
Longitude
1/4 of the 1/4 of the 1/4 of Sec TWP RNG W
Show exact location of well in section grid with a dot (+). Sketch map of well location on property.

Casing, Screen and/or Loop Pipe
Record all depth measurements from ground level (GL). Use + for above GL measurements.
Table with columns: Size (in), Material, Depth Top(ft), Depth Bottom(ft), Perforated, Slotted, Screen.
Includes checkboxes for Gravel packed, Seals/packers, Bottom capped.

Formation Log table with columns: From, To, Color, Hardness, Formation description

Casing Grout
Placement method
Table with columns: Type, Depth Top, Depth Bottom, Amount (vol/wt)

Pump Installation
Date
Depth to intake
Type of pump
Rated capacity
Pump diameter
Final Yield

Well Development and Water Information
Date
Table with columns: Static Water Level, Pumping Water Level, Yield, Duration
Water level measurement options
Water yield measurement options
Main water-supply zone from ft to ft below GL

Well Development
Explain:
Well Disinfection
System Water Volume
Chemical
Chemical Concentration
Contact Time

Remarks (including depth of lost drilling fluids, materials, or tools)

Certified Well Driller
Company
Name
Certification no.
Certified Pump Installer
Company
Name
Certification no.

Well Use
Domestic
Public supply
Livestock
Heat pump
Commercial
Irrigation
of borehole(s)
Monitoring
Other



See back for submittal information



Pursuant to 567 IAC 82.12, well record submittal is a requirement for all wells drilled in Iowa. Well logs can be submitted to the State via the following methods:

1) *Public Water Supply wells*

Email to: well.records@dnr.iowa.gov or,

Submit a paper copy mailed to: Well Records, 502 E. 9th St., Des Moines, IA
50319-0034

2) *For all remaining wells*

Submit using one of the following options -

- a. Submit electronically through the Private Well Tracking System (PWTS) database, or
- b. Submit a paper copy to the respective county sanitarian (permitting authority)

WELL RECORD FORM

PWSID# or PWTS No. _____	PWTS Permit No. _____	GeoSam WNumber <i>(IGS use only)</i> _____
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Site Identification

Property owner _____ Other ID _____

Address _____ City _____

Tenant _____

Well depth _____ ft Date completed ____/____/____

Location County _____

GPS coordinates (NAD83 datum)

Latitude _____ Longitude _____

Decimal Degrees Degrees, Decimal Minutes Degrees, Minutes, Seconds

____ 1/4 of the ____ 1/4 of the ____ 1/4 of Sec ____ TWP ____ RNG ____ W

Show exact location of well in section grid with a dot (+). Sketch map of well location on property.

N ↑

↑

200 ft

Drill Method Rotary Auger Cable Other _____

Hole size	hole size continued
____ inch from ____ ft to ____ ft	____ inch from ____ ft to ____ ft
____ inch from ____ ft to ____ ft	____ inch from ____ ft to ____ ft

Formation Log

From	To	Color	Hardness	Formation description

(use additional sheets as needed)

Casing, Screen and/or Loop Pipe
Record all depth measurements from ground level (GL). Use + for above GL measurements.

Size (in)	Material	Depth Top(ft)	Depth Bottom(ft)	Perforated	Slotted	Screen
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____
				<input type="checkbox"/> Gravel packed		
				<input type="checkbox"/> Seals/packers		
				<input type="checkbox"/> Bottom capped with _____		

Casing Grout Placement method _____

Type	Depth Top	Depth Bottom	Amount (vol/wt)

Pump Installation Date ____/____/____ Depth to intake _____ ft

Type of pump _____ Rated capacity _____ GPM

Pump diameter _____ in Final Yield _____ GPM

Well Development and Water Information Date ____/____/____

Static Water Level	Pumping Water Level	Yield	Duration
_____ ft	_____ ft	_____ GPM	_____ hrs

Water level measurement: Sonic Tape Airline E-line Estimate

Water yield measurement: Orifice Volumetric Estimate

Main water-supply zone from _____ ft to _____ ft below GL

Well Development
Explain: _____

Well Disinfection

System Water Volume _____ gal/ft³ Chemical _____

Chemical Concentration _____ mg/L Contact Time _____ hrs

Remarks (including depth of lost drilling fluids, materials, or tools)

Well Use

Domestic Public supply Livestock

Heat pump Commercial Irrigation

of borehole(s) _____ Monitoring Other _____

Certified Well Driller

Company _____

Name _____ Certification no. _____

Certified Pump Installer

Company _____

Name _____ Certification no. _____

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WELL RECORD FORM

PWSID# or PWTS No. _____	PWTS Permit No. _____	GeoSam WNumber (IGS use only) _____
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Site Identification

Property owner _____ Other ID _____

Address _____ City _____

Tenant _____

Well depth _____ ft Date completed ____/____/____

Drill Method Rotary Auger Cable Other _____

Hole size	hole size continued
_____ inch from _____ ft to _____ ft	_____ inch from _____ ft to _____ ft
_____ inch from _____ ft to _____ ft	_____ inch from _____ ft to _____ ft

Location County _____

GPS coordinates (NAD83 datum)

_____ Latitude _____ Longitude

Decimal Degrees Degrees, Decimal Minutes Degrees, Minutes, Seconds

_____ 1/4 of the _____ 1/4 of the _____ 1/4 of Sec _____ TWP _____ RNG _____ W _____

Show exact location of well in section grid with a dot (.). Sketch map of well location on property.

N				
W	+	+	+	
S	+	+	+	

Casing, Screen and/or Loop Pipe

Record all depth measurements from ground level (GL). Use + for above GL measurements.

Size (in)	Material	Depth Top(ft)	Depth Bottom(ft)	Perforated	Slotted	Screen
<div style="border: 1px solid red; padding: 2px;">E</div>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> slot size _____

Gravel packed amount _____ variety _____

Seals/packers type _____

Bottom capped with _____

Formation Log

From	To	Color	Hardness	Formation description
(use additional sheets as needed)				

Casing Grout Placement method _____

Type	Depth Top	Depth Bottom	Amount (vol/wt)

Pump Installation Date ____/____/____ Depth to intake _____ ft

Type of pump _____ Rated capacity _____ GPM

Pump diameter _____ in Final Yield _____ GPM

Well Development and Water Information Date ____/____/____

Static Water Level	Pumping Water Level	Yield	Duration
_____ ft	_____ ft	_____ GPM	_____ hrs

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Main water-supply zone from _____ ft to _____ ft below GL

Well Development

Explain: _____

Well Disinfection

System Water Volume _____ gal/ft³ Chemical _____

Chemical Concentration _____ mg/L Contact Time _____ hrs

Remarks (including depth of lost drilling fluids, materials, or tools)

Well Use

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public supply	<input type="checkbox"/> Livestock
<input type="checkbox"/> Heat pump	<input type="checkbox"/> Commercial	<input type="checkbox"/> Irrigation
# of borehole(s) _____		
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Other _____	

Certified Well Driller

Company _____

Name _____ Certification no. _____

Certified Pump Installer

Company _____

Name _____ Certification no. _____

Rev. 2023

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