

IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well Plugging Record

1. Owner:	
Name: CertainTeed	Phone: 515-576-1133
Address: 2109 Quail Ave	
City: Fort Dodge State:	Journ Zip: 50501
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
¼ of, ¼ of, ¼ of, Section	, T N, R
County: Describe well location on	
GPS Well Location: Latitude: 42.491242	
3. Well Description:	
Well depth: 30 ft	
Depth to water 22 ft.	
Casing depth: 30 ft. Casing Material: St	teel 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:	
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 lowa Ad Signature of Contractor:	Iministrative Code (IAC).
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 (De	etermined by County Agent)
Complete one form for each well plugged and submit within 30	
days to the local county agent: Webster County Health Department	OR, only if no county agent is available, to: Water Supply Section
723 1st Ave South, Ste 220	Iowa Department of Natural Resources
Fort Dodge, IA 50501 Ph: 515-573-4107	6200 Park Ave St 200
Email: public_health@webstercountvia.gov	Des Moines IA 50321



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Abandoned Water Well Plugging Record

1. Owner:		
Name: CertoinTeed	Phone: <u>515 - 576 - 1133</u>	
Address: 2109 Quail Ave		
City: Fort Dodge State: I	owa Zip: 50501	
If this was a Public Water Supply Well, please provide:		
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
¼ of, ¼ of, Section	, T N, R East West	
County: Describe well location on	property:	
GPS Well Location: Latitude: 42.488323		
3. Well Description:		
Well depth: 4/2 ft		
Depth to water 25 ft.		
Casing depth: 42 ft. Casing Material: Sto	eel 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: 2		
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		
Signature of Owner	Date Flugged.	
If plugged by certified well contractor, complete this box:	orininatura Codo (IAC)	
I have plugged this well as required by rule 567-39:8 of the lowa Adr		
Signature of Contractor:	Cert No: <u>1986</u>	
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 (Det	termined 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:	
Webster County Health Department 723 1st Ave South, Ste 220	Water Supply Section	
Fort Dodge, IA 50501	lowa Department of Natural Resources 6200 Park Ave St 200	
Ph: 515-573-4107 Email: public_health@webstercountyia.gov	Des Moines IA 50321	



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City: Fort Dodge State: I	ova Zip: 50501	
If this was a Public Water Supply Well, please provide:		
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
¼ of, ¼ of, ¼ of, Section	, T N, R 🔲 East 🔲 West	
County: Describe well location on p		
GPS Well Location: Latitude: 42.488110		
3. Well Description:		
Well depth:ft		
Depth to water		
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: 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 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 Administrative Code (IAC).		
	Cert No: 1986	
Signature of Contractor:	cert No. 170 %	
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		
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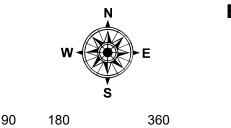
North Reclaim Pile Site

Legend

▲ Approximate Monitoring Well Location

--- Permitted Landfill Area

CertainTeed North
Reclaim Pile Site
Fort Dodge, Iowa
Project No: 27223492.00
Drawing Date: December
2023



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