



Jolly, Becky <becky.jolly@dnr.iowa.gov>

Fwd: Monitoring wells at WPC

1 message

Rath, Brian <brian.rath@dnr.iowa.gov>
To: Becky Jolly <becky.jolly@dnr.iowa.gov>

Thu, Mar 27, 2025 at 8:06 AM

Please file the attached and this email with the Cedar Rapids WPCF Sludge Landfill, and add to my worklist.

Brian Rath, P.E.**Environmental Engineer Senior**

Solid Waste and Contaminated Sites Section

Iowa Department of Natural Resources

6200 Park Ave, Suite 200

Des Moines, IA 50321

515-537-4051

brian.rath@dnr.iowa.govwww.iowadnr.gov

----- Forwarded message -----

From: **Decker, Jason A.** <J.Decker@cedar-rapids.org>
Date: Wed, Mar 26, 2025 at 1:42 PM
Subject: Monitoring wells at WPC
To: brian.rath@dnr.iowa.gov <brian.rath@dnr.iowa.gov>
Cc: Doug Luzbetak <dluzbetak@hlwengineering.com>

Hi Brian,

Attached are well plugging records for monitoring wells located around the City of Cedar Rapids WPC's ash lagoons.

Well ID "Well #4" was not part of WPC's sampling plan for our permit (57-SDP-07-85P).

During the well plugging process, MW-24 was mistakenly plugged.

A new well to replace MW-24 is scheduled to be drilled near MW-24 with the same well characteristics within the next week or so.

I apologize for this mistake.

We will plan to sample the existing wells plus the replacement for MW-24 in April accordingly.

If you have any questions, please feel free to contact me.

Regards,

Jason

Jason A. Decker (he/him/his)

Environmental & Compliance Program Manager

City of Cedar Rapids Water Pollution Control Facilities

[7525 Bertram Rd, SE](#)

[Cedar Rapids, IA 52403-7111](#)

319-286-5901



 **CR WPC Well Pluggings.pdf**
1285K



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

1. Owner:

Name: Cedar Rapids Waste Water Phone: 319-286-5286
 Address: 7525 Bertram Rd SE
 City: Cedar Rapids State: IA Zip: 52403

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE ¼ of, NE ¼ of, SE ¼ of, Section 32, T 83 N, R 06 East West
 County: Linn Describe well location on property: _____
 GPS Well Location: Latitude: 41.9569171 Longitude: -91.5567142

3. Well Description:

Well depth: 26.1 ft
 Depth to water: 13 ft.
 Casing depth: 26.1 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1980's ? Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW 26
 Check if Cistern Depth: _____ ft. Diameter: _____ ft.

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

Signature of Owner: *[Signature]* Date Plugged: 02-05-2025

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: *Pat Graw* Cert No: 7252

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

1. Owner:

Name: Cedar Rapids Waste Water Phone: 319-286-5286
 Address: 7525 Bertram Rd SE
 City: Cedar Rapids State: IA Zip: 52403

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE ¼ of, NE ¼ of, SE ¼ of, Section 32, T 83 N, R 06 East West
 County: Linn Describe well location on property: _____
 GPS Well Location: Latitude: 41.9572953 Longitude: -91.5606433

3. Well Description:

Well depth: 26.3 ft.
 Depth to water: 13 ft.
 Casing depth: 26.3 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1980's ? Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW 24
 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: *James A. Dehn* Date Plugged: 02-05-2025

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: *Pat Gray* Cert No: 7252

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:

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

1. Owner:

Name: Cedar Rapids Waste Water Phone: 319-286-5286
 Address: 7525 Bertram Rd SE
 City: Cedar Rapids State: IA Zip: 52403

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE ¼ of, NE ¼ of, SE ¼ of, Section 32, T 83 N, R 06 East West
 County: Linn Describe well location on property: _____
 GPS Well Location: Latitude: 41.9581996 Longitude: -91.559505

3. Well Description:

Well depth: 31 ft
 Depth to water: 13 ft.
 Casing depth: 31 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1980's ? Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW 23
 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: *Jason A. Dhr* Date Plugged: 02-05-2025

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: *Pat Straw* Cert No: 7252

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 th St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Cedar Rapids Waste Water Phone: 319-286-5286
 Address: 7525 Bertram Rd SE
 City: Cedar Rapids State: IA Zip: 52403

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE ¼ of, NE ¼ of, SE ¼ of, Section 32, T 83 N, R 06 East West
 County: Linn Describe well location on property: _____
 GPS Well Location: Latitude: 41.9587863 Longitude: -91.5586149

3. Well Description:

Well depth: 28.6 ft
 Depth to water: 14 ft
 Casing depth: 28.6 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1980' ? Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW 4
 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: *Joan A. Dhu* Date Plugged: 02-05-2025

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: *Poe Gray* Cert No: 7252

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:

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

1. Owner:

Name: Cedar Rapids Waste Water Phone: 319-286-5286
 Address: 7525 Bertram Rd SE
 City: Cedar Rapids State: IA Zip: 52403

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, SE $\frac{1}{4}$ of, Section 32, T 83 N, R 06 East West
 County: Linn Describe well location on property: _____
 GPS Well Location: Latitude: 41.9587992 Longitude: -91.5586337

3. Well Description:

Well depth: 35.9 ft
 Depth to water: 15 ft
 Casing depth: 35.9 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1980's ? Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW 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 *James A. Johnson* Date Plugged: 02-05-2025

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: *Pat Gray* Cert No: 7252

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:

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

1. Owner:

Name: Cedar Rapids Waste Water Phone: 319-286-5286
 Address: 7525 Bertram Rd SE
 City: Cedar Rapids State: IA Zip: 52403

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE ¼ of, NE ¼ of, SE ¼ of, Section 32, T 83 N, R 06 East West
 County: Linn Describe well location on property: _____
 GPS Well Location: Latitude: 41.9573018 Longitude: -91.561990

3. Well Description:

Well depth: 31 ft.
 Depth to water: 14 ft.
 Casing depth: 31 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 12 in.
 Year or decade constructed: 1980's ? Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: Well #4
 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 *Joan A. Dhu* Date Plugged: 02-05-2025

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: *Pat Gray* Cert No: 7252

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: _____

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