



IOWA DEPARTMENT OF NATURAL RESOURCES  
Abandoned Water Well  
Plugging Record

1. Owner:

Name: City of Muscatine C&D Landfill Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: Muscatine State: IA Zip: 52761

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

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

2. Location of Well (Cistern):

\_\_\_\_\_ % of, \_\_\_\_\_ % of, \_\_\_\_\_ % of, Section \_\_\_\_\_, T 76 N, R 2 ☐ East ☒ West

County: Muscatine Describe well location on property: See Map

GPS Well Location: Latitude: 41.41770115 Longitude: -91.06971097

3. Well Description:

Plugging Description:

Well depth: 40.5 ft.

Depth to water: 30 ft.

Casing depth: 30.5 ft.

Casing diameter: 2 in.

Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete pad, terminate casing below grade.

Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone

Year or decade constructed: 1993 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: LPZ8

☐ 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: 5/13/25

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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor: \_\_\_\_\_ Cert No: 3273

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 Private Well Grants (PWG) 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  
6200 Park Ave St 200  
Des Moines IA 50321



IOWA DEPARTMENT OF NATURAL RESOURCES  
Abandoned Water Well  
Plugging Record

1. Owner:

Name: City of Muscatine C&D Landfill Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: Muscatine State: IA Zip: 52761  
If this was a Public Water Supply Well, please provide:  
PWSID Name: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

2. Location of Well (Cistern):

\_\_\_\_\_% of, \_\_\_\_\_% of, \_\_\_\_\_% of, Section \_\_\_\_\_, T 76 N, R 2 ☐ East ☒ West  
County: Muscatine Describe well location on property: See Map  
GPS Well Location: Latitude: 41.41838211 Longitude: -90.06985575

3. Well Description:

Well depth: 20 ft. 

Plugging Description:  
Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete pad, terminate casing below grade.

  
Depth to water: Dry ft.  
Casing depth: 10 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone  
Casing diameter: 2 in.  
Year or decade constructed: 1993 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug  
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW7  
☐ 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: 5/13/25

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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor: \_\_\_\_\_ Cert No: 3273

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 Private Well Grants (PWG) 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 6200 Park Ave St 200 Des Moines IA 50321
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IOWA DEPARTMENT OF NATURAL RESOURCES  
Abandoned Water Well  
Plugging Record

1. Owner:

Name: City of Muscatine C&D Landfill Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: Muscatine State: IA Zip: 52761

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

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

2. Location of Well (Cistern):

\_\_\_\_\_% of, \_\_\_\_\_% of, \_\_\_\_\_% of, Section \_\_\_\_\_, T 76 N, R 2 ☐ East ☒ West

County: Muscatine Describe well location on property: See Map

GPS Well Location: Latitude: 41.41837222 Longitude: -90.0682863

3. Well Description:

Plugging Description:

Well depth: 47 ft. 

Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete pad, terminate casing below grade.

Depth to water: Dry ft.

Casing depth: 37 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone

Casing diameter: 2 in.

Year or decade constructed: 1993 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW6

☐ 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: 5/13/25

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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor: \_\_\_\_\_ Cert No: 3273

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 Private Well Grants (PWG) 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  
6200 Park Ave St 200  
Des Moines IA 50321



IOWA DEPARTMENT OF NATURAL RESOURCES  
Abandoned Water Well  
Plugging Record

1. Owner:

Name: City of Muscatine C&D Landfill Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: Muscatine State: IA Zip: 52761

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

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

2. Location of Well (Cistern):

\_\_\_\_\_% of, \_\_\_\_\_% of, \_\_\_\_\_% of, Section \_\_\_\_\_, T 76 N, R 2 ☐ East ☒ West

County: Muscatine Describe well location on property: See Map

GPS Well Location: Latitude: 41.41839035 Longitude: -90.06979241

3. Well Description:

Plugging Description:

Well depth: 74 ft. Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete pad, terminate casing below grade.

Depth to water: 32 ft.

Casing depth: 69 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone

Casing diameter: 2 in.

Year or decade constructed: 1993 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW5

☐ 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: 5/13/25

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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor: \_\_\_\_\_ Cert No: 3273

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.

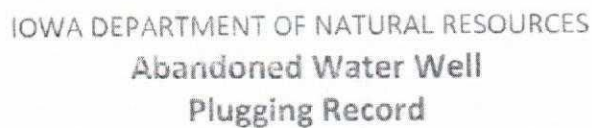
Signature of County Agent: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Eligible for Private Well Grants (PWG) 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  
6200 Park Ave St 200  
Des Moines IA 50321



Name: City of Muscatine C&D Landfill Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: Muscatine State: IA Zip: 52761

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

1/4 of, 1/4 of, 1/4 of, Section, T 76, N, R 2, ☐ East, ☒ West

County: Muscatine Describe well location on property: See Map

GPS Well Location: Latitude: 41.41792365 Longitude: -91.06995929

Plugging Description:

Well depth:	22.5	ft	Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete
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Depth to water	Dry	ft.	pad, terminate casing below grade.
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Casing depth: 12.5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone

Casing diameter: 2 in.

Year or decade constructed: 1993      Type of Construction: ☐ Drilled   ☐ Driven   ☐ Bored   ☒ Augured   ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW4

☐ 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: 5/13/25

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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor: \_\_\_\_\_ Cert No: 3273

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 Private Well Grants (PWG) 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  
6200 Park Ave St 200  
Des Moines IA 50321



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

**1. Owner:**

Name: City of Muscatine C&D Landfill Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: Muscatine State: IA Zip: 52761

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

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

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

\_\_\_\_\_% of, \_\_\_\_\_% of, \_\_\_\_\_% of, Section \_\_\_\_\_, T 76 N, R 2 ☐ East ☒ West

County: Muscatine Describe well location on property: See Map

GPS Well Location: Latitude: 41.41723484 Longitude: -91.06995079

**3. Well Description:**

**Plugging Description:**

Well depth: 20 ft. Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete pad, terminate casing below grade.

Depth to water: 10 ft.

Casing depth: 10 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone

Casing diameter: 2 in.

Year or decade constructed: 1993 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW3

☐ 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: 5/13/25

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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor: \_\_\_\_\_ Cert No: 3273

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 Private Well Grants (PWG) 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  
6200 Park Ave St 200  
Des Moines IA 50321



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

**1. Owner:**

Name: City of Muscatine C&D Landfill Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: Muscatine State: IA Zip: 52761

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

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

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

\_\_\_\_\_ % of, \_\_\_\_\_ % of, \_\_\_\_\_ % of, Section \_\_\_\_\_, T 76 N, R 2 ☐ East ☒ West

County: Muscatine Describe well location on property: See Map

GPS Well Location: Latitude: 41.41723325 Longitude: -91.06993836

**3. Well Description:**

**Plugging Description:**

Well depth: 40 ft. Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete pad, terminate casing below grade.

Depth to water: 7 ft.

Casing depth: 30 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone

Casing diameter: 2 in.

Year or decade constructed: 1993 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW2

☐ 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: 5/13/25

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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor: \_\_\_\_\_ Cert No: 3273

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 Private Well Grants (PWG) 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  
6200 Park Ave St 200  
Des Moines IA 50321

IOWA DEPARTMENT OF NATURAL RESOURCES  
Abandoned Water Well  
Plugging Record

1. Owner:

Name: City of Muscatine C&D Landfill Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: Muscatine State: IA Zip: 52761

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 76, T 76 N, R 2 ☐ East ☒ West

County: Muscatine Describe well location on property: See Map

GPS Well Location: Latitude: 41.4172759 Longitude: -91.069951

### 3. Well Description:

Plugging Description:

Well depth:	65	ft	Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete
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Depth to water 10 ft. pad, terminate casing below grade.

Casing depth: 60 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone

Casing diameter: 2 in.

Year or decade constructed: 1993      Type of Construction: ☐ Drilled   ☐ Driven   ☐ Bored   ☒ Augured   ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW1

☐ 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: 5/13/25

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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor:  Cert No: 3273

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.

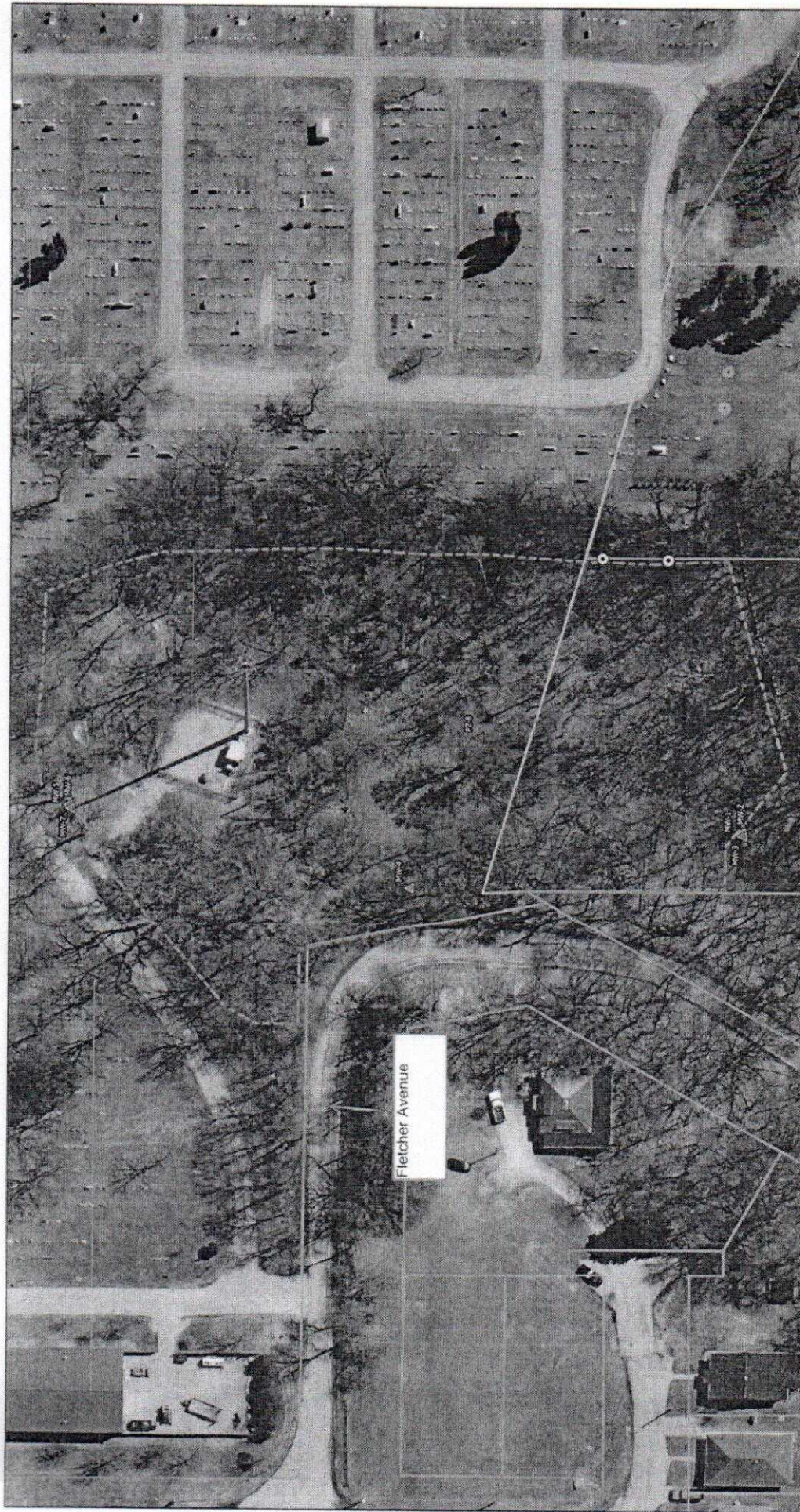
Signature of County Agent: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Eligible for Private Well Grants (PWG) cost share: ☐ Yes ☐ No (Determined by County Agent)

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Iowa Department of Natural Resources  
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Des Moines IA 50321



## Updated Landfill/Site Boundary

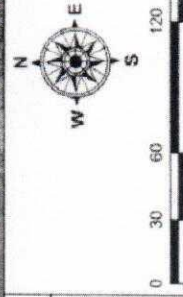
### Legend

- ▲ Approximate Monitoring Well Location
- ▲ Approximate Piezometer Location
- ⊙ Approximate Test Pt Location
- Approximate Updated Landfill/Site Boundary

Parcel Boundaries from Assessor's Website (<https://beam.schneidercorp.com>)  
Updated Boundary from 2021 Survey

City of Muscatine C&D Landfill  
Muscatine, Iowa  
Project No: 27223254.00  
Drawing Date: October 2023

Figure 2



**SCS**  
**ENGINEERS**  
environmental consultants and contractors