

1. Owner:					
Name: City of Mus	catine C	&D Landfill		Phone:	
Address:					
City: Muscatine			State:	Zip: 52761	0.00
If this was a Public	Water S	Supply We	II, please provide:	Zip. 32701	
PWSID Name:		10000 100	, , , , , , , , , , , , , , , , , , , ,	PWSID Number:	
2. Location of Wel	I (Cister	n):		PWSID Number:	
¼ of,		% of.	% of Section	, T 76 N, R 2	
County: Muscatine			Describe well location	n on property: See Map	East X West
GPS Well Location: 1	Latitude:	41.41770			
3. Well Description			Plugging Description:	Longitude: -91.06971097	
Well depth:		ft		ts, fill with bentonite chip, remove protective cov	
	30	ft.	pad, terminate casing bel	low grade.	er and concrete
Casing depth:	30.5	ft.	Casing Material D		
Casing diameter:	2	in.	Casing Material: S	Steel 🛛 Plastic 🗌 Concrete 🔲 Clay 📗	Brick Stone
	ructed:		Type of Capetry-time	Drilled Driven Bored X Au	
Is this a Monitoring V	Nell?	X Yes	No Well ID: LPZ8	Drilled Driven Bored X Au	gured Dug
Check if Cistern			ft. Diameter:		
	300000000000000000000000000000000000000				
additional information	been plu	gged as rec	tuired by rule 567-39.8 of t lartment may need concer	the Iowa Administrative Code (IAC). I agree to pro	ovide any
		arrey or dep	or unent may need concer	ning this well.	
Signature of Owner	$\langle - \rangle$	5-2	Jan 1/4		
If plugged by certified	d well cor	itractor co	malete this hav-		
I have plugged this w	ell as req	uired by ru	le 567-39.8 of the Iowa Ad	Iministrative Code (IAC), and will provide an itemi	and and the
to the owner if seekir	ng PWG f	unds:		the first the first term	zed paid invoice
Simpature - 15					
Signature of Contract	tor:			Cert No: 3273	
OR, if plugged by wel	owner,	complete th	nis box:		
The property owner h	nas plugg	ed this well	following requirements in	rule 567-39.8 of the lowa Administrative Code (I	(AC) with the
oversight and assistar	nce of the	e designate	d county agent.	1	no, with the
Signature of Court					
Signature of County /	Agent:			Date Approved:	
Eligible for Private We	ell Grants	(PWG) cos	t share: Tyes TN	o (Determined by County Agent)	
				o (betermined by county Agent)	
days to the local coun	ity agent:	en plugged	and submit within 30	OP only if no severe	
				OR, only if no county agent is available, to: Water Supply Section	
				lowa 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 Mu	scatine C	&D Landfill		Phone:	
Address:					
City: Muscatine			State: IA		Zip: 52761
If this was a Public	: Water !	Supply We	II, please provide:		Zip. Servi
PWSID Name:				PWSID Nur	mhar.
2. Location of We	II (Cister	n):			nuer.
¼ of,		¼ of,	¼ of, Section	T 76	N, R 2 East West
County: Muscatine	9		Describe well location		
GPS Well Location:	Latitude:	41.41838			-90.06985575
3. Well Descriptio	n:		Plugging Description:		
Well depth:	20	ft		fill with bentonite ch	nip, remove protective cover and concrete
Depth to water	Dry	ft.	pad, terminate casing belo	w grade.	and concrete
Casing depth:	10	ft.	Casing Material: St	eel 🛛 Plastic	Concrete Clay Brick Stone
Casing diameter:	2	in.		PATERION L	Concrete Clay Brick Stone
Year or decade cons	tructed:	1993	Type of Construction:	Drillad Dineiv	en Bored X Augured Dug
Is this a Monitoring			□ No Well ID: MW7		en Bored X Augured Dug
Check if Cistern	Dept		ft. Diameter:	ft.	
Signature of Owner		sincy of dep	My need concern	e Iowa Administrativing this well.	e Code (IAC). I agree to provide any Date Plugged: 5/13/25
If plugged by certifie I have plugged this w to the owner if seeki	ell as red	uired by ru	mplete this box: le 567-39.8 of the Iowa Adn	ninistrative Code (IAC), and will provide an itemized paid invoice
Signature of Contrac	tor:				Cert No: 3273
OR, if plugged by we The property owner oversight and assista	has plugg	ed this well	following requirements in	rule 567-39.8 of the li	owa Administrative Code (IAC) with the
Signature of County	Agent:				Date Approved:
			t share: Yes No	(Determined by Cou	nty Agent)
Complete one form for days to the local cour	or each w nty agent	ell plugged	and submit within 30	OR, only if no count	ty agent is available, to:
				Water Supply Section lowa Department of 6200 Park Ave St 200 Des Moines IA 50321	n Natural Resources



1. Owner:	
Name: City of Muscatine C&D Landfill	Phone:
Address:	
City: Muscatine State	e: IA Zip: 52761
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, Sect	ion, T 76 N, R 2 East X West
	cation on property: See Map
GPS Well Location: Latitude: 41.41837222	Longitude: -90.0682863
3. Well Description: Plugging Description	on:
5.7 Mark 2017 (1977)	pellets, fill with bentonite chip, remove protective cover and concrete
Depth to water Dry ft. pad, terminate casi	ng below grade.
Casing depth: 37 ft. Casing Material	: Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.	
Year or decade constructed: 1993 Type of Construct	ion: Drilled Driven Bored X Augured Dug
Is this a Monitoring Well? X Yes No Well ID:	MW6
Check if Cistern Depth: ft. Diame	ter: ft.
additional information the county or department may need of Signature of Owner	0.8 of the Iowa Administrative Code (IAC). I agree to provide any concerning this well. Mw-My 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 loto the owner if seeking PWG funds:	wa Administrative Code (IAC), and will provide an itemized paid invoice
Signature of Contractor:	Cert No: 3273
OR, if plugged by well owner, complete this box: The property owner has plugged this well following requirem oversight and assistance of the designated county agent.	ents in rule 567-39.8 of the Iowa Administrative Code (IAC) with the
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 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



1. Owner:					
Name: City of Muscatine C&D Landfill Phone:					
Address:					
City: Muscatine State: IA Zip: 52761					
If this was a Public Water	Supply We	ll, please provide:			
PWSID Name:			PWSID Number:		
2. Location of Well (Ciste	rn):				
% of,	1/4 of,	% of, Section	, T 76 N, R 2 East 🗙 West		
County: Muscatine		Describe well location of	n property: See Map		
GPS Well Location: Latitude	41.41839	9035	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		
Depth to water 32	ft.	pad, terminate casing below	v grade.		
Casing depth: 69	ft.	Casing Material: Ste	el 🛛 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?		□ No Well ID: MW5			
Check if Cistern De		ft. Diameter:			
	county or de	partment may need concerni	e Iowa Administrative Code (IAC). I agree to provide any ng this well. Date Plugged: 5/13/25		
If plugged by certified well of I have plugged this well as reto the owner if seeking PW	equired by r		ninistrative Code (IAC), and will provide an itemized paid invoice		
Signature of Contractor:			Cert No: 3273		
OR, if plugged by well owners The property owner has plutoversight and assistance of	gged this we	ell following requirements in r	rule 567-39.8 of the Iowa Administrative Code (IAC) with the		
Signature of County Agent: Date Approved:					
Eligible for Private Well Gra	nts (PWG) co	ost share: Yes No	(Determined by County Agent)		
Complete one form for each		ed and submit within 30	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		



1. Owner:				
Name: City of Musc	atine C&D) Landfill		Phone:
Address:				and the second s
City: Muscatine			State: IA	Zip: 52761
If this was a Public	Water Su	pply Wel	l, please provide:	
PWSID Name:	- Williams			PWSID Number:
2. Location of Well				
1/2 of,		¼ of,	¼ of, Section	, T 76 N, R 2 East X West
County: Muscatine			Describe well location of	
GPS Well Location: L	atitude:	41.41792	365	Longitude: -91.06995929
3. Well Description	1:		Plugging Description:	
Well depth:	22.5	ft		fill with bentonite chip, remove protective cover and concrete
Depth to water	Dry	ft.	pad, terminate casing belov	v grade.
Casing depth:	12.5	ft.	Casing Material: Ste	el 🛛 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter:	2	in.		
Year or decade const	ructed:	1993	Type of Construction: [□ Drilled □ Driven □ Bored ☒ Augured □ Dug
Is this a Monitoring \	Nell?	X Yes	No WellID: MW4	
Check if Cistern	Depth	1:	ft. Diameter:	ft.
Signature of Owner If plugged by certifie	ed well corvell as req	ntractor, co		
Signature of Contra	ctor:			Cert No: 3273
OR, if plugged by we The property owner oversight and assists	has plugg	ed this we	ell following requirements in	rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County	Agent:			Date Approved:
Eligible for Private V	Vell Grant	s (PWG) c	ost share: Yes No	(Determined by County Agent)
Complete one form	for each v	vell plugge	ed and submit within 30	
days to the local cou	unty agen	t:	-	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



Abandoned Water Well Plugging Record

1. Owner: Name: City of Muscatine C&D Landfill Address: City: Muscatine IA Zip: 52761 State: If this was a Public Water Supply Well, please provide: PWSID Name: Location of Well (Cistern): 1/4 of, ¼ of, Section , T 76 N, R 2 East X West County: Muscatine Describe well location on property: See Map GPS Well Location: Latitude: 41.41723484 -91.06995079 Longitude: 3. Well Description: Plugging Description: Hand feed chlorine pellets, fill with bentonite chip, remove protective cover and concrete Well depth: pad, terminate casing below grade. 10 Depth to water 10 ft. Casing depth: Casing Material: Steel Plastic Concrete Casing diameter: in. Year or decade constructed: 1993 Type of Construction: Drilled Driven Bored X Augured No Well ID: MW3 Is this a Monitoring Well? X Yes Check if Cistern ft. Diameter: 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 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: 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: 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 lowa Department of Natural Resources 6200 Park Ave St 200

Des Moines IA 50321



1. Owner:					
Name: City of Muscatine C&D Landfill				Phone:	
Address:					
City: Muscatine			State: IA	Zip: 52761	
If this was a Public	Water Su	ipply Wel	l, please provide:		
PWSID Name:				PWSID Number:	
2. Location of Wel					
½ of,		% of,	¼ of, Section	, T 76 N, R 2 East X West	
County: Muscatine	<u> </u>		Describe well location of		
GPS Well Location:	Latitude:	41.41723	325	Longitude: -91.06993836	
3. Well Description	n:		Plugging Description:		
Well depth:	40	ft		fill with bentonite chip, remove protective cover and concrete	
Depth to water	7	ft.	pad, terminate casing below	v grade.	
Casing depth:	30	ft.	Casing Material: Ste	eel 🗶 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone	
Casing diameter:	2	in.			
Year or decade cons	tructed:	1993	Type of Construction: [Drilled Driven Bored X Augured Dug	
Is this a Monitoring	Well?	X Yes	☐ No Well ID: MW2		
Check if Cistern	Depth	1:	ft. Diameter:	ft.	
			partment may need concern		
Signature of Owner			2 - No	Date Plugged: 5/13/25	
If plugged by certific I have plugged this to the owner if seek	well as req	uired by r	omplete this box:	ninistrative Code (IAC), and will provide an itemized paid invoice	
Signature of Contra	ctor:			Cert No: 3273	
OR, if plugged by we The property owner oversight and assist	r has plugg	ed this we	ell following requirements in	rule 567-39.8 of the Iowa Administrative Code (IAC) with the	
Signature of Country	y Agent:			Date Approved:	
Eligible for Private \	Well Grant	s (PWG) co	ost share: Yes No	o (Determined by County Agent)	
		10000000	ed and submit within 30		
days to the local co	unty agent	:		OR, only if no county agent is available, to: Water Supply Section	
		3		lowa Department of Natural Resources 6200 Park Ave St 200 Des Moines IA 50321	



Name: City of Mus	catine C&D Land	Ifill	Phone:
Address:			
A CONTRACTOR OF THE PROPERTY O			Zip: 52761
		Well, please provide:	
PWSID Name:			PWSID Number:
2. Location of We			
¼ of,	¼ of	f, ¼ of, Section	, T 76 N, R 2 East West
County: Muscatin	е	Describe well location	on property: See Map
GPS Well Location:	Latitude: 41.4:	172759	Longitude: -91.069951
3. Well Description	n:	Plugging Description:	
Well depth:	65	10.	, fill with bentonite chip, remove protective cover and concrete
Depth to water	10	ft. pad, terminate casing belo	w grade.
Casing depth:	60	ft. Casing Material: St	eel 🗵 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter:	2	in.	
Year or decade con	structed: 1993	Type of Construction:	☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring	Well?	es No Well ID: MW1	
Check if Cistern	Depth:	ft. Diameter:	ft.
Signature of Owne If plugged by certifi	r ied well contract well as required	or, complete this box: by rule 567-39.8 of the Iowa Ad	Date Plugged: 5/13/25 ministrative Code (IAC), and will provide an itemized paid invoice
Signature of Contr	actor:	75	Cert No: 3273
OR, if plugged by w The property owns	vell owner, comp er has plugged th	lete this box:	rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of Count	ty Agent:		Date Approved:
Eligible for Private	Well Grants (PW	(G) cost share: Yes N	No (Determined by County Agent)
Complete one form		lugged and submit within 30	OR, only if no county agent is available, to:
uays to the local to	July agent.		Water Supply Section Iowa Department of Natural Resources 6200 Park Ave St 200 Des Moines IA 50321

