

West Des Moines, IA

PROJECT: WRD,2025 Well Abandonment,IA 27225047.00 DATE: 9/4/2025

SUBJECT: WRD Landfill Well Abandonment Forms - 27-SDP-01-75 TRANSMITTAL ID: 00001

PURPOSE: For your approval VIA: Info Exchange

FROM

NAME	COMPANY	EMAIL	PHONE
Chris Calhoun West Des Moines, IA	SCS Engineers	CCalhoun@scsengineers.com	+1-515-415-9228

TO

NAME	COMPANY	EMAIL	PHONE
Geoffrey Spain United States		geoffrey.spain@dnr.iowa.gov	
Becky Jolly		becky.jolly@dnr.iowa.gov	

REMARKS: Geoff,

Please find for download the completed well abandonment forms for MW-22, MW-23, MW-24, and MW-25 at the Wayne Ringgold Decatur Sanitary Landfill. Let me know if you have any comments or questions.

Thank you,

Chris Calhoun
Project Professional
1690 All-State Court, Suite 100
West Des Moines, IA 50265
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DESCRIPTION OF CONTENTS

QTY	DATED	TITLE	NOTES
1	9/4/2025	WRD Sanitary Landfill - 27-SDP-01-75 - Monitoring Well Abandonment Forms 2025.09.04.pdf	

COPIES:

Doug Collier

(Wayne Ringgold Decatur Solid Waste Management

Transmittal

DATE: 9/4/2025
TRANSMITTAL ID: 00001

Christine Collier
Chris Calhoun

Commission)
(SCS Engineers)
(SCS Engineers)

September 4, 2025
File No. 27225047.00

Mr. Geoffrey Spain
Iowa Department of Natural Resources
Land Quality Bureau
6200 Park Avenue, Suite 200
Des Moines, Iowa 50321

Subject: Monitoring Well Abandonment Forms
Wayne-Ringold-Decatur County Sanitary Landfill
Permit No. 27-SDP-01-75

Dear Geoff:

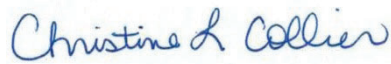
Attached are the Abandoned Water Well Plugging Records for monitoring wells MW-22, MW-23, MW-24, and MW-25 located at the Wayne-Ringold-Decatur Sanitary Landfill. The attached figure details the well locations. The wells were abandoned by over-drilling the PVC casing to the maximum depth of the well. The boreholes were then backfilled with bentonite grout via a tremie tube as specified in IAC 567-113.10(2)"d".

If you have any questions regarding this submittal, please contact our office at (515) 631-6160.

Sincerely,



Chris T. Calhoun
Project Professional
SCS Engineers



Christine L. Collier, P.E.
Senior Project Manager
SCS Engineers

CTC/CLC

CC: Doug Collier, Wayne Ringold Decatur Solid Waste Management Commission





IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well
Plugging Record****1. Owner:**Name: Wayne-Ringgold-Decatur Sanitary Landfill Phone: 1(641) 773-5229Address: 21377 125th AvenueCity: Grand River State: Iowa Zip: 50108

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):SW ¼ of, NE ¼ of, ¼ of, Section 33, T 69 N, R 27 ☐ East ☒ WestCounty: Decatur Describe well location on property: Southwest CornerGPS Well Location: Latitude: 40°44'55.15 Longitude: 93°57'55.15**3. Well Description:****Plugging Description:**Well depth: 40.9 ft.Depth to water: 29.94 ft.Over-drilled PVC casing. Backfilled with bentonite grout.Casing depth: 40.9 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ StoneCasing diameter: 2 in.Year or decade constructed: 2004 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ DugIs 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 _____ 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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor:  Cert No: 8364

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: Wayne-Ringgold-Decatur Sanitary Landfill Phone: 1(641) 773-5229Address: 21377 125th AvenueCity: Grand River State: Iowa Zip: 50108

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):SW ¼ of, NE ¼ of, ¼ of, Section 33, T 69 N, R 27 ☐ East ☒ WestCounty: Decatur Describe well location on property: Southwest CornerGPS Well Location: Latitude: 40°44'00.23 Longitude: 93°57'54.86**3. Well Description:****Plugging Description:**Well depth: 46.9 ft.Depth to water: Dry ft.Casing depth: 46.9 ft.Casing diameter: 2 in.Over-drilled PVC casing. Backfilled with bentonite grout.Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ StoneYear or decade constructed: 2004 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ DugIs this a Monitoring Well? ☒ Yes ☐ No Well ID: MW-22☐ 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: _____

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: 8364

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: Wayne-Ringgold-Decatur Sanitary Landfill Phone: 1(641) 773-5229
Address: 21377 125th Avenue
City: Grand River State: Iowa Zip: 50108

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW ¼ of, NE ¼ of, ¼ of, Section 33, T 69 N, R 27 ☐ East ☒ West
County: Decatur Describe well location on property: Southwest Corner
GPS Well Location: Latitude: 40°44'55.15 Longitude: 93°57'55.15

3. Well Description:

Plugging Description:

Well depth: 67.8 ft.

Over-drilled PVC casing. Backfilled with bentonite grout.

Depth to water: 29.60 ft.
Casing depth: 67.8 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2004 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 _____ **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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

Signature of Contractor:  **Cert No:** 8364

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: Wayne-Ringgold-Decatur Sanitary Landfill Phone: 1(641) 773-5229
Address: 21377 125th Avenue
City: Grand River State: Iowa Zip: 50108

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, _____ $\frac{1}{4}$ of, Section 33, T 69 N, R 27 ☐ East ☒ West
County: Decatur Describe well location on property: Southwest Corner
GPS Well Location: Latitude: 40°44'55.15 Longitude: 93°57'55.15

3. Well Description:

Plugging Description:

Well depth: 100 ft.

Over-drilled PVC casing. Backfilled with bentonite grout.

Depth to water: 32.25 ft.
Casing depth: 100 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.

Year or decade constructed: 2004 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug

Is this a Monitoring Well? ☒ Yes ☐ No Well ID: ~~MW-24~~ MW-25

☐ 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: _____

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: Bryan Dyer Cert No: 8364

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**