



Abandoned Water Well Plugging Record

1. Owner:

Name: _____ Phone: _____

Address: 11555 110th Ave

City: Buffalo State: Iowa Zip: 52804

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 14, T 77 N, R 2 East West

County: Scott Describe well location on property: _____

GPS Well Location: Latitude: (41.4793013) Longitude: (-90.6755573)

3. Well Description:

Plugging Description:

Well depth: 39 ft.

Depth to water: Unkown ft.

Well was abandoned in accordance with Iowa Administrative Code 567 Chapter 113.10(2)d Casing, protective casing, and screen removed, overdrill was conducted and filled with grout

Casing depth: 39 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone

Casing diameter: 2 in.

Year or decade constructed: 2018 Type of Construction: Drilled Driven Bored Augured Dug

Is this a Monitoring Well? Yes No Well ID: MW-41

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: Sid Trotter Cert No: 14360

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

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1. Owner:

Name: Phone:
Address: 11555 110th Ave
City: Buffalo State: Iowa Zip: 52804

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

NE 1/4 of, NE 1/4 of, SE 1/4 of, Section 14, T 77 N, R 2 East West
County: Scott Describe well location on property:
GPS Well Location: Latitude: (41.4790089) Longitude: (-90.6756159)

3. Well Description:

Plugging Description:

Well depth: 24.5 ft
Depth to water: Unkown ft.
Casing depth: 24.5 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.
Year or decade constructed: 1998 Type of Construction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: GP-2
Check if Cistern Depth: ft. Diameter: ft.

Well was abandoned in accordance with Iowa Administrative Code 567 Chapter 113.10(2)d Casing, protective casing, and screen removed, overdrill was conducted and filled with grout

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: Sid Trotter Cert No: 14360

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



Abandoned Water Well Plugging Record

1. Owner:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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 property: _____

GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Plugging Description:

Well depth: _____ ft.

Depth to water _____ ft.

Casing depth: _____ ft. Casing Material: Steel Plastic Concrete Clay Brick Stone

Casing diameter: _____ 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 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:

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Signature of County Agent: _____ Date Approved: _____

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

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