v 40374

lowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner: PV	TS Well Number:
Name: MHI/City Water Department City:	Independence State: Iowa
Address: 331 1st Street E Zip:	50644 Phone: (319) 334-2780
If this was a Public Wate	er Supply Well, please provide:
PWSID Name:	PWSID Number: Geosam #40374
2. Well (Cistern) Location:	Two as N. Range 9 (West/Eaist (circle one)
<u>NW</u> 1/4 of, <u>NW</u> 1/4 of, <u>SW</u> 1/4 of, <u>Section</u> <u>8</u>	
Buchanan County, Describe	well location on property: West of 230th St.
GPS Well Location: Latitude w 91 55,677	Longitude N 42 27.327
3. Description:	
Depth to water: <u>70 ft.</u> Casing diameter: <u>10 in.</u> Type of construct Year or decade constructed; <u>1900</u>	tion: frilled, driven, bored, dug, auger:d (circle one) (circle one) (circle one) (circle one) (circle one) (circle one) (circle one) (circle one)
I certify this well has been plugged as required by agree to provide any additional information the constraint of Owner: Turn Constraint of Owner: Turn Constraint of the contractor, complete	rule 567-39.8 of the Iowa Administrative Code (IAC). I bunty or department may need concerning this well. Date Plugged:
I have plugged this well as required by rule 567- Signature of Contractor: Tourt / Torto	39.8 of the Iowa Administrative Code (IAC).
OR, If plugged by well owner, complete this bo	X:
The property owner has plugged this well Administrative Code with the oversight and assis	following requirements in rule 567-39.8 I the lowa
	Date Approved:
Eligible for Grants-to-Counties cost share:	ES NO (Private Wells Only - Determined by ounty 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 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
IDNR FORM (REV 5/08)	542-1226
DECEL	

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Iowa Department of Natural Resources

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1. Owner: PWTS Well Number:
Name: MHI/City Water Department City: Independence State: Iowa
Address: 331 1st Street E Zip: 50644 Phono: (319) 334-2780
If this was a Public Water Supply Well, please provide:
PWSID Name: PWSID Number: Geosam #40374
2. Well (Cistern) Location:
NW 1/4 of, NW 1/4 of, Sw 1/4 of, Section 8, Twp. 88 N, Range 9 West/East (circle on
Buchanan County, Describe well location on property: West of 230th St.
GPS Well Location: Latitude W 91 55.677 Longitude N 42 27.327
3. Description:
Well depth: 18D ft. Casing material: (stee), plastic, concrete, clay, brick, stone (circle one) Depth to water: 70 ft. (circle one) Casing diameter: 10 In. Type of construction: (rilled, driven, bored, dug, augered (circle one) Year or decade constructed: 1900 (circle one) (circle one) Depth of casing: 166 ft. Check [] If this is a Monitoring Well Well ID Check [] if Cistern depth: ft. dlameter: ft.
I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). 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).
Signature of Contractor: Turner Torthing Cert. No. 7177
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 low Administrative Code 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 (Private Wells Only - Determined by County Agent)
Complete one form for each well plugged and submit within 30 days to the local county agent: Water Supply Section Iowa Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
IDNR FORM (REV 5/08) 542-1226

