

IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well Plugging Record

1. Owner:
Name: City of Riverside Phone: 310-201-0081 (cole Smith)
Address: 10 Greene St N. Po Box 188
City: MINERCIAL State: A Zip: 52327
If this was a Public Water Supply Well, please provide:
PWSID Name: Well 6 City of hoverside PWSID Number: 1060578
2. Location of Well (Cistern): 271 1st St E, Riverside 1A 52327
County: Washington Describe well location on property: 5 & Corner of the fart.
GPS Well Location: Latitude: Longitude:
3. Well Description:
Well depth: 225 ft
Depth to water
Casing depth: 200 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
Casing diameter: 7 in.
Year or decade constructed:
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: 2 8 24
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: Dennis Christian Cert No: 80
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 lowa Administrative Code (IAC)
with the oversight and assistance of the designated county agent.
Signature of County Agent: Date Approved:
Eligible for Grants-to-Counties cost share:
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
Washington County Health Dept Iowa Department of Natural Resources 502 E 9 th St
PO Box 889 Des Moines IA 50319-0034
Washington, IA 52353