

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>City of Marengo</u>	City: <u>Marengo</u>	State: <u>Iowa</u>
Address: <u>PO Box 245</u>	Zip: <u>52301</u>	Phone: <u>(319)642-3232</u>

2. Well (Cistern) Location:

PWSID#: _____

NW 1/4 of, NE 1/4 of, NE 1/4 of, Section 25, Twp. 81 N, Range 11 West East(circle one)
Iowa County, Describe well location on property: Well #5

3. Description:

Well depth: <u>35</u> ft	Casing material: <u>steel</u> , plastic, concrete, clay, brick, stone (circle one)
Depth to water: <u>5</u> ft	Type of construction: <u>drilled</u> , driven, bored, dug, augered (circle one)
Casing diameter: <u>12</u> in	Check ☐ if this is a Monitoring Well
Yr. or decade constrd.: <u>1956</u>	Well I.D.: <u>40744</u>
Depth of casing: <u>25</u> ft	

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: [Signature] Date Plugged: 7-31-08

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: [Signature] Cert. No. 4289

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 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 (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
 Department of Natural Resources
 502 East 9th Street
 Des Moines, IA 50319-0034