

## 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#: 1060550

SW 1/4 of, NE 1/4 of, SW 1/4 of, Section 25, Twp. 81 N, Range 11 West East (circle one)  
Iowa County, Describe well location on property: Well #9

## 3. Description:

Well depth: <u>36</u> ft	Casing material: steel, plastic, concrete, clay, brick, stone (circle one)
Depth to water: <u>6</u> ft	Type of construction: drilled, driven, bored, dug, augered (circle one)
Casing diameter: <u>12</u> in	Check <input type="checkbox"/> if this is a Monitoring Well
Yr. or decade constrd.: <u>1980</u>	Well I.D.: <u>40746</u>
Depth of casing: <u>26</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: SUSKEY 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 9<sup>th</sup> Street  
 Des Moines, IA 50319-0034