



Abandoned Water Well

Plugging Record

1. Owner:

Name: City of Paulina Phone: 712-949-3428
Address: 5231 Hwy 10
City: Paulina State: IA Zip: 51046

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

PWSID Name: WLO2 PWSID Number: 7139032

2. Location of Well (Cistern):

SW $\frac{1}{4}$ of, SE $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, Section 3, T 94N N, R 41 ☐ East ☒ West
County: O'Brien Describe well location on property:
GPS Well Location: Latitude: 42° 58' 58" N Longitude: 95° 40' 41" W

3. Well Description:

Well depth: 33 ft.
Depth to water: 13 ft.
Casing depth: 12 ft. Casing Material: ☒ Steel ☐ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 12 in.
Year or decade constructed: _____ Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☐ Augured ☐ Dug
Is this a Monitoring Well? ☐ Yes ☐ No Well ID: #3
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: 9-14-23

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: 11485

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 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
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034