



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: City of Gilman Phone: (641)498-2531
Address: 128 N Main St.
City: Gilman State: Iowa Zip: 50106

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

PWSID Name: Gilman, Iowa PWSID Number: 2411082
WNumber 1378

2. Location of Well (Cistern):

County: Marshall Describe well location on property: Center of the Block
GPS Well Location: Latitude: 41.8782130000 Longitude: -92.7875290000

3. Well Description:

Well depth: 345 ft.
Depth to water: 101 ft.
Casing depth: 222 ft. Casing Material: ☒ Steel ☐ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 10 in.
Year or decade constructed: 1940 Type of Construction: ☒ Drilled ☐ Driven ☐ Bored ☐ Augured ☐ Dug
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: 12/01/2023

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: Ben Frambach, Northway Well & Pump Co. Cert No: 12021

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