



**GEOTEK ENGINEERING
& TESTING SERVICES, INC.**
909 East 50th Street North
Sioux Falls, South Dakota 57104
605-335-5512 • FAX 605-335-0773

CON 12-15
First Cooperative Association
Marathon, Iowa

**CON 12-15
Doc #14471**

April 28, 2004

Kim Johnson
Buena Vista County
P.O. Box 663
Storm Lake, IA 50588

Subj: Well Abandonment Forms
First Cooperative Association
Former Bulk Petroleum Facility
Birnice & Miltiades Street, Marathon, Iowa
GeoTek #03-114-7

Dear Kim:

This correspondence provides the completed well abandonment forms for the referenced site. Monitoring wells were abandoned at the site on April 21, 2004. Completed forms are provided for each well. A site map is attached for reference.

If you have questions or desire clarification of any items, please contact our office at 1-800-354-5512 or 605-335-5512.

Sincerely,

Keith DeLange
Project Manager

Enclosures

cc: Jerry Weiler, First Cooperative Association, 5057 Hwy 3 West, Cherokee, IA 51012
Ron Jolliffe, First Cooperative Association, P.O. Box 190, Marathon, IA 50565
Dan Cook, IDNR, Wallace State Office Bldg., 502 East 9th Street, Des Moines, IA 50319

NON-CONFIDENTIAL

DATE STAMP

0339 AM 8:47 05/03/04

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>FIRST COOPERATIVE ASSOC.</u>	City: <u>CHEROKEE</u>	State: <u>IA</u>
Address: <u>5057 HIGHWAY 3 WEST</u>	Zip: <u>51012</u>	Phone: <u>(712) 225-5400</u>

2. Well (Cistern) Location:

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section 21, Twp. 93 N, Range 35 West East(circle one)
BUENA VISTA County, Describe well location on property: SITE MAP SHOWING
LOCATION OF WELLS ATTACHED. SITE IS AT SE CORNER OF MARATHON, IA.

3. Description:

Well depth: <u>13</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4-5</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>1996</u>
Depth of casing: <u>3</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-1</u>

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: Ronald Jelleff ^{Lia} _{Manager} Date Plugged: 4-21-04

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: Kent DeJong Cert. No. 40759

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:

<p><u>KIM JOHNSON</u> <u>BUENA VISTA COUNTY</u> <u>P.O. Box 663</u> <u>STORM LAKE, IA 50588</u></p>	<p>Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034</p>
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DATE STAMP

0340 AM 8:47 05/03/04

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: FIRST COOPERATIVE ASSOC. City: CHEROKEE State: IA
 Address: 5057 HIGHWAY 3 WEST Zip: 51012 Phone: (712) 225-5400

2. Well (Cistern) Location:

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section 21, Twp. 93 N, Range 35 West East(circle one)
BUENA VISTA County, Describe well location on property: SITE MAP SHOWING
LOCATION OF WELLS ATTACHED. SITE IS AT SE CORNER OF MARATHON, IA.

3. Description:

Well depth: <u>13</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4-5</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>1996</u> (circle one)
Depth of casing: <u>3</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-2</u>

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: Ronald Jelliffe ^{Lia} _{Manager} Date Plugged: 4-21-04

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. 40759

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:

KIM JOHNSON BUENA VISTA COUNTY P.O. Box 663 STORM LAKE, IA 50588	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>FIRST COOPERATIVE ASSOC.</u>	City: <u>CHEROKEE</u>	State: <u>IA</u>
Address: <u>5057 HIGHWAY 3 WEST</u>	Zip: <u>51012</u>	Phone: <u>(712) 225-5400</u>

2. Well (Cistern) Location:

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section 21, Twp. 93 N, Range 35 West East (circle one)
BUENA VISTA County, Describe well location on property: SITE MAP SHOWING
LOCATION OF WELLS ATTACHED. SITE IS AT SE CORNER OF MARATHON, IA.

3. Description:

Well depth: <u>13</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4-5</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>1996</u>
Depth of casing: <u>3</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-3</u>

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: Ronald J. Jaffe ^{Lia} _{Manager} Date Plugged: 4-21-04

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. 40759

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:

<u>KIM JOHNSON</u> <u>BUENA VISTA COUNTY</u> <u>P.O. Box 663</u> <u>STORM LAKE, IA 50588</u>	<u>Water Supply Section</u> <u>Department of Natural Resources</u> <u>900 East Grand Avenue</u> <u>Des Moines, IA 50319-0034</u>
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>FIRST COOPERATIVE ASSOC.</u>	City: <u>CHEROKEE</u>	State: <u>IA</u>
Address: <u>5057 HIGHWAY 3 WEST</u>	Zip: <u>51012</u>	Phone: <u>(712) 225-5400</u>

2. Well (Cistern) Location:

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section 21, Twp. 93 N, Range 35 West East(circle one)
BUENA VISTA County, Describe well location on property: SITE MAP SHOWING
LOCATION OF WELLS ATTACHED. SITE IS AT SE CORNER OF MARATHON, IA.

3. Description:

Well depth: <u>13</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4-5</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>1996</u>
Depth of casing: <u>3</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-4</u>

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: Ronald Jelleff ^{Leo} _{Manager} Date Plugged: 4-21-04

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: Keith DeFarge Cert. No. 40759

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:

<p><u>KIM JOHNSON</u> <u>BUENA VISTA COUNTY</u> <u>P.O. Box 663</u> <u>STORM LAKE, IA 50588</u></p>	<p>Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034</p>
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: FIRST COOPERATIVE ASSOC. City: CHEROKEE State: IA
 Address: 5057 HIGHWAY 3 WEST Zip: 51012 Phone: (712) 225-5400

2. Well (Cistern) Location:

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section 21, Twp. 93 N, Range 35 West East(circle one)
BUENA VISTA County, Describe well location on property: SITE MAP SHOWING
LOCATION OF WELLS ATTACHED. SITE IS AT SE CORNER OF MARATHON, IA.

3. Description:

Well depth: <u>13</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4-5</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>1996</u>
Depth of casing: <u>3</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-5</u>

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: Ronald Jelleff Date Plugged: 4-21-04

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: Kent DeJong Cert. No. 40759

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:

KIM JOHNSON BUENA VISTA COUNTY P.O. Box 663 STORM LAKE, IA 50588	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>FIRST COOPERATIVE ASSOC.</u>	City: <u>CHEROKEE</u>	State: <u>IA</u>
Address: <u>5057 HIGHWAY 3 WEST</u> Zip: <u>51012</u> Phone: <u>(712) 225-5400</u>		

2. Well (Cistern) Location:

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section 21, Twp. 93 N, Range 35 West East(circle one)
BUENA VISTA County, Describe well location on property: SITE MAP SHOWING
LOCATION OF WELLS ATTACHED. SITE IS AT SE CORNER OF MARATHON, IA.

3. Description:

Well depth: <u>13</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4-5</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>1996</u> (circle one)
Depth of casing: <u>3</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-6</u>

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: Ronald J. Jaffe ^{Li} _{Manager} Date Plugged: 4-21-04

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: Ken DeJong Cert. No. 40759

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:

KIM JOHNSON BUENA VISTA COUNTY P.O. Box 663 STORM LAKE, IA 50588	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>FIRST COOPERATIVE ASSOC.</u>	City: <u>CHEROKEE</u>	State: <u>IA</u>
Address: <u>5057 HIGHWAY 3 WEST</u> Zip: <u>51012</u> Phone: <u>(712) 225-5400</u>		

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SE 1/4 of, SW 1/4 of, NE 1/4 of, Section 21, Twp. 93 N, Range 35 West East (circle one)
BUENA VISTA County, Describe well location on property: SITE MAP SHOWING
LOCATION OF WELLS ATTACHED. SITE IS AT SE CORNER OF MARATHON, IA.

3. Description:

Well depth: <u>13</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>4-5</u> ft.	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>1996</u>
Depth of casing: <u>3</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-7</u>

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: Ronald Jelleff ^{Lia. Manager} Date Plugged: 4-21-04

If plugged by certified well contractor, complete this box:

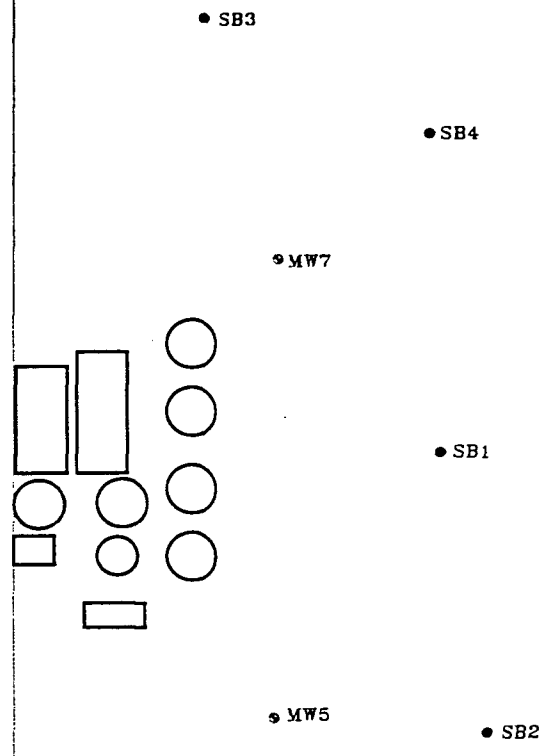
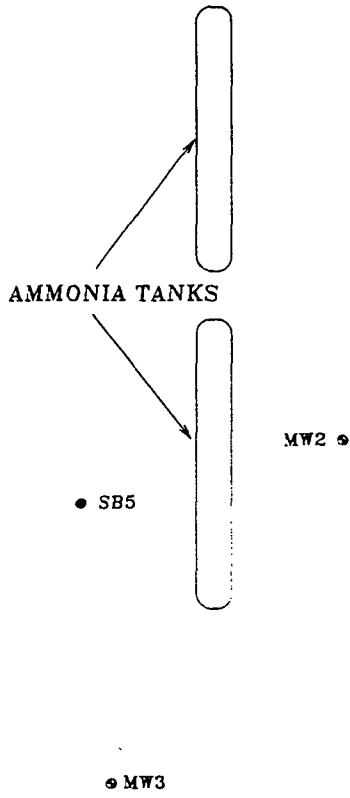
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).
 Signature of Contractor: [Signature] Cert. No. 40759

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:
KIM JOHNSON BUENA VISTA COUNTY P.O. Box 663 STORM LAKE, IA 50588	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034



MW4 ●
GRAVEL

● MW6

FIGURE 2
SITE MAP
FIRST COOPERATIVE
MARATHON, IOWA

PROJECT #: 03-114-7 DRAWN BY: EJF

EDITED BY: JK CHECKED BY:

GEOTEK ENGINEERING &
TESTING SERVICES, INC.

DATE STAMP

0341 AM 8:47 05/03/04