



MONTGOMERY WATSON

CON 12-15
Doc #16539

CON 12:15 SIMPLOT-LOHRVILLE

CL 5/11/98

OK

February 10, 1998

Dr. Cal Lundberg
Solid Waste Section
Iowa Department of Natural Resources
Wallace State Office Building
Des Moines, IA 50319

RE: Well Abandonments
J.R. Simplot Company Pomeroy and Lohrville Sites

Dear Dr. Lundberg:

In accordance with your September 26, 1997 letter to Ed Cranson of J.R. Simplot Company, all groundwater monitoring wells at the Simplot sites in Pomeroy and Lohrville, Iowa have been properly abandoned. Copies of the monitoring well abandonment forms are attached for your files.

If you have any questions regarding the sites, please contact Ed Cranson or Simplot at (970)542-0034, Michael Geringer, or me.

Sincerely,

Robert S. Malcomson
Project Engineer

/rsm:tjr
Attachments

cc: Ed Cranson, J.R. Simplot Company

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. **Owner:**

Name: <u>J.R. Simplot Company</u>	City: <u>Pocatello</u>	State: <u>Idaho</u>
Address: <u>P.O. Box 912</u>	Zip: <u>83204</u>	Phone: <u>970-542-0034</u>

2. **Well (Cistern) Location:**

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
 Calhoun County, Describe well location or property: MW-1

3. **Description:**

Well depth: <u>31.2</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>8.87</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>1991</u>	
Depth of Casing: <u>21.2</u> ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.: <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: E. Cranson, Retail Snow Mfg. Date Plugged: 11-18-97

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: Nick Cert. No. 40480

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 local county agent:

or, only if no county agent is available, to:

**Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034**

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>J.R. Simplot Company</u>	City: <u>Pocatello</u>	State: <u>Idaho</u>
Address: <u>P.O. Box 912</u>	Zip: <u>83204</u>	Phone: <u>970-542-0034</u>

2. Well (Cistern) Location:

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
Calhoun County, Describe well location or property: MW-2

3. Description:

Well depth: <u>17.2</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>8.71</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>1991</u>	
Depth of Casing: <u>7.2</u> ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.: <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: Ed Carson, Retal Smith Date Plugged: 11-18-97

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: Nick Cert. No. 40480

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 local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name: <u>J.R. Simplot Company</u>	City: <u>Pocatello</u>	State: <u>Idaho</u>
Address: <u>P.O. Box 912</u>	Zip: <u>83204</u>	Phone: <u>970-542-0034</u>

2. Well (Cistern) Location:

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
Calhoun County, Describe well location or property: MW-3

3. Description:

Well depth: <u>26.2</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>11.32</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>1991</u>	
Depth of Casing: <u>16.2</u> ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.: <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: [Signature] Date Plugged: 11-18-97

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. 40480

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 local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	J.R. Simplot Company	City:	Pocatello	State:	Idaho
Address:	P.O. Box 912	Zip:	83204	Phone:	970-542-0034

2. Well (Cistern) Location:

NW $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
 Calhoun County, Describe well location or property: MW-4

3. Description:

Well depth:	<u>26.6</u>	ft	Casing material:	steel, plastic, concrete, clay, brick, stone
Depth to water	<u>12.41</u>	ft		(circle one)
Casing diameter:	<u>2</u>	in	Type of construction:	drilled, driven, bored, dug, augered
Yr. Or decade constrd.:	<u>1991</u>			(circle one)
Depth of Casing:	<u>16.6</u>	ft	Check <input 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: [Signature] Date Plugged: 11-18-97

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. 40450

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 local county agent:

or, only if no county agent is available, to:

Water Supply Section
 Department of Natural Resources
 900 East Grand Avenue
 Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	J.R. Simplot Company	City:	Pocatello	State:	Idaho
Address:	P.O. Box 912	Zip:	83204	Phone:	970-542-0034

2. Well (Cistern) Location:

NW ¼ of, NE ¼ of, NW ¼ of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
Calhoun County, Describe well location or property: MW-5

3. Description:

Well depth:	<u>31.0</u>	ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water	<u>10.2</u>	ft	(circle one)
Casing diameter:	<u>2</u>	in	Type of construction: drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.:	<u>1991</u>		(circle one)
Depth of Casing:	<u>21.0</u>	ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.: <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: Ed Carson Date Plugged: 11-18-97

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: Nick Cert. No. 40480

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 local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>J.R. Simplot Company</u>	City: <u>Pocatello</u>	State: <u>Idaho</u>
Address: <u>P.O. Box 912</u>	Zip: <u>83204</u>	Phone: <u>970-542-0034</u>

2. Well (Cistern) Location:

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
Calhoun County, Describe well location or property: MW-6

3. Description:

Well depth: <u>44.3</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>13.06</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>1991</u>	
Depth of Casing: <u>34.3</u> ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.: <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: Ed Cranson Date Plugged: 11-18-97

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: <u>Nick H</u>	Cert. No. <u>40480</u>

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 local county agent:

or, only if no county agent is available, to:

	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>J.R. Simplot Company</u>	City: <u>Pocatello</u>	State: <u>Idaho</u>
Address: <u>P.O. Box 912</u>	Zip: <u>83204</u>	Phone: <u>970-542-0034</u>

2. Well (Cistern) Location:

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
Calhoun County, Describe well location or property: MW-7

3. Description:

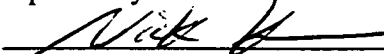
Well depth: <u>72.0</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>15.2</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	
Yr. Or decade constrd.: <u>1991</u>	
Depth of Casing: <u>62.0</u> ft	Check <input 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:  Date Plugged: 11-18-97

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:  Cert. No. 40480

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 local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
 900 East Grand Avenue
 Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	J.R. Simplot Company	City:	Pocatello	State:	Idaho
Address:	P.O. Box 912	Zip:	83204	Phone:	970-542-0034

2. Well (Cistern) Location:

NW ¼ of, NE ¼ of, NW ¼ of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
 Calhoun County, Describe well location or property: MW-8

3. Description:

Well depth:	21.1	ft	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water	6.41	ft		(circle one)
Casing diameter:	2	in	Type of construction:	drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.:	1991			(circle one)
Depth of Casing:	11.1	ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.:	<u>MW-8</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: E. J. Cranson Date Plugged: 11-17-97

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: Nick Cert. No. 40480

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 local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
 900 East Grand Avenue
 Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>J.R. Simplot Company</u>	City: <u>Pocatello</u>	State: <u>Idaho</u>
Address: <u>P.O. Box 912</u>	Zip: <u>83204</u>	Phone: <u>970-542-0034</u>

2. Well (Cistern) Location:

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
Calhoun County, Describe well location or property: MW-9

3. Description:

Well depth: <u>21.3</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>11.70</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>1991</u>	
Depth of Casing: <u>11.3</u> ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-9</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: Ed Cameron Date Plugged: 11-18-97

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: <u>Nick</u>	Cert. No. <u>40480</u>

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 local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name:	J.R. Simplot Company	City:	Pocatello	State:	Idaho
Address:	P.O. Box 912	Zip:	83204	Phone:	970-542-0034

2. Well (Cistern) Location:

NW ¼ of, NE ¼ of, NW ¼ of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
Calhoun County, Describe well location or property: MW-10

3. Description:

Well depth:	16.4	ft	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water	6.79	ft		(circle one)
Casing diameter:	2	in	Type of construction:	drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.:	1991			(circle one)
Depth of Casing:	6.4	ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.:	<u>MW-10</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: [Signature] Date Plugged: 11-18-97

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. 40480

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 local county agent:

or, only if no county agent is available, to:

	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>J.R. Simplot Company</u>	City: <u>Pocatello</u>	State: <u>Idaho</u>
Address: <u>P.O. Box 912</u>	Zip: <u>83204</u>	Phone: <u>970-542-0034</u>

2. Well (Cistern) Location:

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 14, Twp. 86 N, Range 32 West / East (circle one)
Calhoun County, Describe well location or property: MW-11

3. Description:

Well depth: <u>19.8</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: <u>9.97</u> ft	(circle one)
Casing diameter: <u>2</u> in	Type of construction: drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.: <u>1991</u>	(circle one)
Depth of Casing: <u>9.8</u> ft	Check <input type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-11</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: [Signature] Date Plugged: 11-18-97

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. 40480

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 local county agent:

or, only if no county agent is available, to:

	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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