CON 12:15 SIMPLOT-LOHPVILLE CL 5/11/98 CON 12-15

Doc #16539



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

Ed Cranson, J.R. Simplot Company cc:

Abandoned Water Well Plugging Record

Name:J.R. Simplot CompanyCity:PocatelloState:IdahoAddress:P.O. Box 912Zip:83204Phone:970-542-0034							
Address: P.O. Box 912 Zip: 83204 Phone: 970-542-0034							
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							
2 Description:							
3. Description: Well depth: 31.2 ft Casing material: steel, plastic, concrete, clay, brick, stone							
Depth to water 8.87 ft (circle one)							
Casing diameter: 2 in Type of construction: drilled, driven, bored, dug, augered							
Yr. Or decade constrd.: 1991 (circle one)							
Depth of Casing: 21.2 ft Check if this is a Monitoring Well. Well I.D.: MW-1							
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: I 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. Cert. No. Cert. No. Cert. No. 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							

542-1226

Abandoned Water Well Plugging Record

1. Owner	:						
Name:	J.R. Simplot Company	City	: Pocatello	S	State: Idaho		
Address:	P.O. Box 912	Zip	83204	Phone:	970-542-0034		
	Co tion: 17.2 er 8.71 eter: 2 e constrd.: 1991	f, Section 14 unty, Describe well ft Casing ft in Type of	Twp. 86 N, ocation or property: g material: steel, pla (ci	Range 32 : MW-2 astic, concrete, rele one) lled, driven, borrele one)	red, dug, <u>augered</u>		
Check ☐ if			ameter:	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:							
Administra	tive Code with the oversi of County Agent:		e of the designate		ent.		
D1: ".1 .6							
Eligible for	Grants-to-Counties cost	share: YES	☐ NO (Det	termined by (County Agent)		
•	one form for each well plu nin 30 days to local count		or, only if no cou	nty agent is a	available, to:		
			Vater Supply So Department of N OO East Grand Des Moines IA	Natural Reso Avenue	ources		

Abandoned Water Well Plugging Record

1. Owner	•							
Name:	J.R. Simplot Company	C	ity:	Pocatello		State: Idaho		
Address:	P.O. Box 912	Zi	ip:	83204	Phone:	970-542-0034		
			•					
2. Well (C	istern) Location:							
NW 1/4 of		Section 14	, Tv	•	Range 32	West / East (circle one)		
Calhoun	Coun	y, Describe we	ell loca	tion or property:	MW-3			
3. Descri	ption: 26.2 ft	Cas	ing m	aterial: steel nla	stic concrete	, clay, brick, stone		
Well depth: Depth to wa		_	onig ini		cle one)	, ciay, brick, stolle		
Casing diam		- Typ	e of c	•		ored, dug, augered		
Yr. Or decad		_			cle one)			
Depth of Ca	sing: 16.2 ft	Check i	f this	is a Monitoring V	Vell. Well I.D	D.: MW-3		
Check ☐ if	Cistern depth:	ft.	Diam	eter:	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: I 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:							
		- -	Wa	ter Supply Se	ection			
			1	partment of N		ources		
				East Grand				
	•		1	Moines, IA		4 .		

542-1226

1. Owner:	•						
Name:	J.R. Simplo			City:	Pocatello		State: Idaho
Address:	P	P.O. Box 912		Zip:	83204	Phone:	970-542-0034
2. Well (C NW ¼ of, Calhoun	Cistern) Locati , NE ¼ of,	, NW 1/4 of, S	·		wp. <u>86</u> Nation or propert	N, Range 32 ty: <u>MW-4</u>	West / East (circle one)
3. Descrip							
Well depth:	Juon.	26.6 ft		Casing n	naterial: steel, j	plastic, concrete	e, clay, brick, stone
Depth to wat	ter	12.41 ft			_	(circle one)	•
Casing diame	eter:	2 in		Type of			ored, dug, augered
Yr. Or decad	_	1991	-		•	(circle one)	
Depth of Cas	sing:	16.6 ft	_ Check [☐ if this	is a Monitoring	g Well. Well I.I	D.: <u>MW-4</u>
Check ☐ if (Cistern	depth:		ft. Dian	neter:	ft.	
(IAC). I a this well. Signature	of Owner:		onal inform	mation	the county o	r department	Administrative Code may need concerning
<u> </u>	<u> </u>	l as required by			of the Iowa A	Administrativ	o Code (IAC)
	of Contracto		1110 30	1/		Cert. No.	
Signature	——————————————————————————————————————	n	1144	///			40 4 40
OR, If plug	gged by well o	wner, complete i	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	r Grants-to-C	Counties cost sh	are:	YES	□ NO (D	etermined by	County Agent)
-		each well plugg o local county a	_	or,	only if no co	ounty agent is	s available, to:
					ater Supply		-
				1		Natural Res	sources
					DEast Gran		
				1	-	\ 50210 002	A

1. Owner					D . 11		G. 4
Name:		t Company		ity:	Pocatello		State: Idaho
Address:		P.O. Box 912	Z	ip:	83204	Phone:	970-542-0034
2. Well (C NW 1/4 of Calhoun	Cistern) Locat	, NW ¼ of, Section		, Tv	vp. 86 N, F	Range 32 MW-5	West / East (circle one)
3. Descri	ntion						
Well depth:		31.0 ft	Cas	ing m	aterial: steel, plas	stic, concrete	e, clay, brick, stone
Depth to wa		10.2 ft		J		cle one)	, •, ,
Casing diam		2 in	Typ	e of c		•	oored, dug, augered
Yr. Or decad	de constrd.:	1991			(cir	cle one)	· · ·
Depth of Ca	sing:	21.0 ft	Check 🔲 i	f this	is a Monitoring W	/ell. Well I.	D.: <u>MW-5</u>
Check ☐ if	Cistern	depth:	ft.	Diam	eter:	ft.	
this well. Signature If plugged li I have plug	of Owner: by certified we	Il contractor, complete as required by rule	ete this bo	ox:	Date of the Iowa Add	e Plugged:	t may need concerning :
OR. If plus	gged by well o	wner, complete this	box:				
		-		wing	requirements	in rule 50	67—39.8 of the Iowa
		th the oversight an					
	of County A	, =	a abbible		_	e Approve	· ·
Fligible for	r Grants-to-C	ounties cost share:	☐ YI	20	□ NO (Dete	ermined by	y County Agent)
Liigible 10	1 Grants-to-C	ounties cost share.	11	_0	NO (Dete	Jillillica by	/ County Agent)
Complete of	one form for	each well plugged	and	ı			
-		o local county agen		or.	only if no cour	nty agent is	s available, to:
				<u> </u>	ter Supply Se		,
				1	partment of N		sources
					East Grand A		
					Moines, IA		.

1. Owner	<u> </u>						
Name:	J.R. Simplo	t Company		City:	Pocatello		State: Idaho
Address:	F	P.O. Box 912		Zip:	83204	Phone:	970-542-0034
							
2. Well (C NW ¼ of, Calhoun	NE 4 of	, <u>NW</u> 1/4 of, Se			wp. <u>86</u> N, ation or property:	Range 32 MW-6	West / East (circle one)
3. Descri	otion:						
Well depth:		44.3 ft	Ca	asing m			e, clay, brick, stone
Depth to wat		13.06 ft		_	•	rcle one)	
Casing diam		2 in	Ту	pe of c			ored, dug, augered
Yr. Or decad		1991 34.3 ft	Charle 🖂	:C4L:-	•	rcle one)	D. MW.6
Depth of Cas	sing:	34.3 ft	Check [II this	is a Monitoring \	well. Well I.I	D.: <u>MW-6</u>
Check ☐ if (Cistern	depth:	ft.	Dian	neter:	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: I 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 plug	ged by well o	wner, complete th	is 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:							
Complete o	ne form for e	each well plugge o local county ag	ed and	or,	only if no cou	nty agent is	s available, to:
					iter Supply So		
	•				partment of N		ources
				900	East Grand	Avenue	i
				Des	Moines, IA	50319-003	4

1. Owner:							
Name: J.R. Simplot Compa	ıny (City: Pocatello	St	ate: Idaho			
Address: P.O. Box	912	Zip: 83204	Phone:	970-542-0034			
2. Well (Cistern) Location: NW 4 of, NE 4 of, NW	1/4 of, Section 14	_ ' ' '		West / East (circle one)			
Calhoun	County, Describe w	ell location or property:	MW-7				
				· · · · · · · · · · · · · · · · · · ·			
3. Description: Well depth: 72.0	ft Ca	sing material: steel, pla	estia concrete cl	ay brick stone			
Well depth: 72.0 Depth to water 15.2	ft Ca		<u>istic,</u> concrete, ci rcle one)	ay, orick, stolle			
Casing diameter: 2		pe of construction: dril	•	d. dug. augered			
Yr. Or decade constrd.: 1991			rcle one)	-, <u>6</u> , <u><u>B</u>0.00</u>			
Depth of Casing: 62.0	ft Check	if this is a Monitoring \	•	MW-7			
Check ☐ if Cistern dept	h: ft.	Diameter:	ft.				
							
I certify this well has been plu	gged as required	ov rule 567—39.8	of the Iowa A	Administrative Code			
(IAC). I agree to provide any	••	•					
this well.	10	sion the county of		and more concerning			
Signature of Owner:	1 min	Da	te Plugged:	11-18-97			
If plugged by certified well contract	ctor, complete this b		_				
I have plugged this well as requi			ministrative C	Code (IAC).			
Signature of Contractor:	Mak H		ert. No.				
	0:4-6-			70700			
OR, If plugged by well owner, con	nplete this box:						
The property owner has plugg							
Administrative Code with the ov	versight and assista	ince of the designate	ed county age:	nt.			
Signature of County Agent: Date Approved:							
Eligible for Grants-to-Counties cost share: YES NO (Determined by County Agent)							
Complete one form for each wel	l plugged and						
submit within 30 days to local co	ounty agent:	or, only if no cou	nty agent is av	vailable, to:			
		Water Supply Se	ection				
		Department of N	latural Resou	ırces			
		900 East Grand					
		Des Moines, IA	•				

Abandoned Water Well Plugging Record

1. Owner	•							
Name:	J.R. Simple	ot Company		City:	Pocatello		State: Idaho	
Address:		P.O. Box 912		Zip:	83204	Phone:	970-542-0034	
								
•	istern) Loca			_		_		
NW ¼ of,	NE 1/4 0				wp. <u>86</u> N, lation or property:	Range 32 MW-8	West / East (circle one)	
Callibun	<u> </u>		ny, Describe	WEII IOC	ation of property.	1V1 W - O		
3. Descri	ntion:					······································		
Well depth:		21.1 ft		Casing n	naterial: steel, pla	stic, concrete	, clay, brick, stone	
Depth to war		6.41 ft			(cir	rcle one)		
Casing diam		2 in		Type of o			ored, dug, <u>augered</u>	
Yr. Or decad		1991			•	rcle one)		
Depth of Cas	sing:	11.1 ft	Check [] if this	is a Monitoring V	Well. Well I.L	D.: <u>MW-8</u>	
Check if	Cistern	depth:		ft. Dian	neter:	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: //-/7-57								
		ell contractor, c	omplete this	box:				
<u> </u>		ll as required b			of the Iowa Ad	ministrative	Code (IAC).	
	of Contract	-	Ick 1	/			40480	
-			· · ·					
		owner, complete						
		_		_	-		7—39.8 of the Iowa	
Administra	itive Code w	ith the oversig	ht and assis	stance of	of the designate	ed county ag	gent.	
Signature	of County A	Agent:	· · · · · · · · · · · · · · · · · · ·		Dat	e Approved	l:	
		<u> </u>						
Eligible for Grants-to-Counties cost share: YES NO (Determined by County Agent)								
Complete of	one form for	each well plug	ged and					
submit with	nin 30 days 1	to local county	agent:		only if no cou	<u> </u>	available, to:	
	_		·	W	ater Supply Se	ection		
					partment of N		ources	
				900	East Grand	Avenue		
				l Da	Moines IA	50310_0034	1	

542-1226

1. Owner:	
Name: J.R. Simplot Company C	ity: Pocatello State: Idaho
Address: P.O. Box 912 Zi	p: 83204 Phone: 970-542-0034
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	Il location or property: MW-9
3. Description:	
	ing material: steel, plastic, concrete, clay, brick, stone
Depth to water 11.70 ft	(circle one)
<u> </u>	e of construction: drilled, driven, bored, dug, augered
Yr. Or decade constrd.: 1991	(circle one)
	this is a Monitoring Well. Well I.D.: MW-9
Check ☐ if Cistern depth: ft.	Diameter: ft.
I contify this yeall has been plugged as required by	y rule 567—39.8 of the Iowa Administrative Code
· · · · · · · · · · · · · · · · · · ·	
	ion the county or department may need concerning
this well.	
Signature of Owner:	Date Plugged://-/8-57
If plugged by certified well contractor, complete this bo	
I have plugged this well as required by rule 567—3	
Signature of Contractor:	Cert. No. 40480
OP v 1 - 11 - 11 - 11 - 11 - 11 - 11 - 11	
OR, If plugged by well owner, complete this box:	
	ving requirements in rule 567—39.8 of the Iowa
Administrative Code with the oversight and assistar	ice of the designated county agent.
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: YE	S 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

1. Owner	·								
Name:	J.R. Simplot	Company		City:	Pocatello		State: Idaho		
Address:	P	O. Box 912	Z	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. Descri	ption:	16.4 ft	Car	sing m	aterial: steel nla	stic concrete	, clay, brick, stone		
Depth to wat	ter _	6.79 ft	Ca	snig iii	·	cle one)	, clay, of ick, stolle		
Casing diam	_	$\frac{0.75}{2}$ in	Tvi	ne of c	•		ored, dug, augered		
Yr. Or decad	_	1991	-71	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		cle one)			
Depth of Cas	sing:	6.4 ft	Check 🗀	if this	is a Monitoring V		D.: <u>MW-10</u>		
Check if	Cistern	depth:	ft.	Dian	neter:	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: I 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. 40460									
OR, If plug	ged by well on	ner, complete th	is 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)									
		ach well plugge local county ag			only if no cou		available, to:		
				1	iter Supply Se				
					partment of N		sources		
				900	East Grand	Avenue			
				De	s Moines, IA	50319-003	4		

1. Owner	•			·····	
Name:	J.R. Simplot Company	City:	Pocatello	S	tate: Idaho
Address:	P.O. Box 912	Zip:	83204	Phone:	970-542-0034
NW 1/4 of,				ange 32	West / East (circle one)
Calhoun	County	, Describe well lo	cation or property:	MW-11	
3. Descrip					
Well depth:	19.8 ft	Casing	material: steel, plas	tic, concrete, c	lay, brick, stone
Depth to wat				cle one)	,
Casing diame		- Type of	construction: drille	•	ed, dug, augered
Yr. Or decad				ele one)	, <u></u>
Depth of Cas		Check 🔲 if thi	s is a Monitoring W	•	MW-11
Check if (Cistern depth:	ft. Dia	meter:	ft.	
(IAC). I a this well. Signature If plugged b	y certified well contractor, con	nal information nplete this box:	the county or d	epartment n	nay need concerning
	ged this well as required by	rule 56/—39.8	of the Iowa Adr	ninistrative	Code (IAC).
Signature	of Contractor:	K H	Ce	ert. No.	40480
OR, If plug	ged by well owner, complete th	his box:			
Administra	ty owner has plugged this tive Code with the oversight of County Agent:		of the designated		
			·		
Eligible for	Grants-to-Counties cost sha	re: YES	☐ NO (Dete	rmined by C	County Agent)
-	one form for each well plugge oin 30 days to local county ag	1	, only if no coun	ty agent is a	vailable, to:
			ater Supply Sec	<u> </u>	<u> </u>
			epartment of Na		urces
			0 East Grand A		ui ccs
			es Moines IA 5		