



Interstate Power and Light Company  
Knoxville MGP Site

B&V Project 163950.0425

B&V File A04F

December 17, 2009

Water Supply Section  
Iowa Department of Natural Resources  
401 SW 7<sup>th</sup> Street, Suite M  
Des Moines, IA 50309-4611

Subject: Notification of Monitoring Well Abandonment

Enclosed are the Abandoned Water Well Plugging Records for the Knoxville former manufactured gas plant (MGP) site ground water monitoring wells. The wells were abandoned following the notification of closure from the Iowa Department of Natural Resources for this Interstate Power and Light Company (IPL) site in Knoxville, Iowa. The forms were completed by Below Ground Surface, Inc. of Lawrence, Kansas, which is the company that performed the abandonment, and signed by a representative of IPL (Owner).

If you have any questions regarding the enclosed records, please contact me at (913) 458-6542.

Very truly yours,

BLACK & VEATCH

Gordon G. Abell  
Project Engineer

Enclosures

cc: M. Culp, IDNR  
Jill Stevens, IPL  
File

Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner: Interstate Power and Light Company

Name: Jill Stevens City: Madison State: WI  
Address: 4902 N. Biltmore Lane Zip: 53718 Phone: 608-458-0446

2. Well (Cistern) Location:

SE ¼ of, SE ¼ of, SE ¼ of, Section 1, Twp. 75 N, Range 20 West East (circle one)  
Marion County, Describe well location or property: East side of  
Kent St. between Pearl St. and Pleasant St.

3. Description:

Well depth:	<u>31</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	<u>3.15</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>1993</u>	(circle one)
Depth of Casing:	<u>31.0</u> ft	Check <input checked="" 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: [Signature] Date Plugged: 11/02/09

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. 6497

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: Interstate Power and Light Company

Name: Jill Stevens City: Madison State: WI  
Address: 4902 N. Biltmore Lane Zip: 53718 Phone: 608-458-0446

2. Well (Cistern) Location:

SE ¼ of, SE ¼ of, SE ¼ of, Section 1, Twp. 75 N, Range 20 West East (circle one)  
Marion County, Describe well location or property: NW corner of  
Pearl St. and Harlan St.

3. Description:

Well depth:	<u>32.4</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	<u>7.22</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>2002</u>	(circle one)
Depth of Casing:	<u>32.0</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-2a</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: Jill Stevens Date Plugged: 11/02/09

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: Whitney Cert. No. 6497

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:

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**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: Interstate Power and Light Company

Name: Jill Stevens City: Madison State: WI  
Address: 4902 N. Baltimore Lane Zip: 53718 Phone: 608-458-0446

2. Well (Cistern) Location:

SE ¼ of, SE ¼ of, SE ¼ of, Section 1, Twp. 75 N, Range 20 (West) East (circle one)  
Marion County, Describe well location or property: SE corner of Pearl St.  
and Harlan St.

3. Description:

Well depth:	<u>31</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	<u>6.43</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>1993</u>	(circle one)
Depth of Casing:	<u>31.0</u> ft	Check <input checked="" 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: Jill Stevens Date Plugged: 11/02/09

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. 6497

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:

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**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: Interstate Power and Light Company

Name: Jill Stevens City: Madison State: WI  
Address: 4902 N. Biltmore Lane Zip: 53718 Phone: 608-458-0446

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SE 1/4 of, Section 1, Twp. 7S N, Range 20 West East (circle one)  
Marion County, Describe well location or property: East side of Harlan St.  
between Pearl St. and Pleasant St.

3. Description:

Well depth:	<u>31</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	<u>6.57</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>1993</u>	(circle one)
Depth of Casing:	<u>31.0</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: [Signature] Date Plugged: 11/02/09

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. 6497

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:

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**Department of Natural Resources**  
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**Des Moines, IA 50319-0034**

Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner: Interstate Power and Light Company

Name: Jill Stevens City: Madison State: WI  
Address: 4902 N. Biltmore Lane Zip: 53718 Phone: 608-458-0446

2. Well (Cistern) Location:

SE ¼ of, SE ¼ of, SE ¼ of, Section 1, Twp. 75 N, Range 20 West East (circle one)  
Marion County, Describe well location or property: South side of Pearl St.  
between Kent St. and Harlan St.

3. Description:

Well depth:	<u>28.5</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	<u>6.37</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>1994</u>	(circle one)
Depth of Casing:	<u>28.5</u> ft	Check <input checked="" 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: Jill Stevens Date Plugged: 11/02/09

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. 6497

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:

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**900 East Grand Avenue**  
**Des Moines, IA 50319-0034**

Iowa Department of Natural Resources

# Abandoned Water Well

## Plugging Record

1. Owner: Interstate Power and Light Company

Name: Jill Stevens City: Madison State: WI  
Address: 4902 N. Biltmore Lane Zip: 53718 Phone: 608-458-0446

2. Well (Cistern) Location:

SE ¼ of, SE ¼ of, SE ¼ of, Section 1, Twp. 75 N, Range 20 West East (circle one)  
Marion County, Describe well location or property: Middle of the property  
located between Harlan St. and Kent St.

3. Description:

Well depth:	<u>17.4</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	<u>4.56</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>2002</u>	(circle one)
Depth of Casing:	<u>16.9</u> ft	Check <input checked="" 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: Jill Stevens Date Plugged: 11/02/09

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. 6497

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:

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**Des Moines, IA 50319-0034**

Iowa Department of Natural Resources

# Abandoned Water Well Plugging Record

1. Owner: Interstate Power and Light Company

Name: Jill Stevens City: Madison State: WI  
Address: 4902 N. Billmore Lane Zip: 53718 Phone: 608-458-0446

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SE 1/4 of, Section 1, Twp. 75 N, Range 20 West East (circle one)  
Marion County, Describe well location or property: West side of Harlan St.  
between Pleasant St. and Pearl St.

3. Description:

Well depth:	<u>20</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water:	<u>3.77</u> ft	(circle one)
Casing diameter:	<u>1</u> in	Type of construction: drilled, driven, bored, dug, <u>augered</u>
Yr. Or decade constrd.:	<u>2005</u>	(circle one)
Depth of Casing:	<u>20.0</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: Jill Stevens Date Plugged: 11/02/09

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. 6497

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:

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