



**CONESTOGA-ROVERS  
& ASSOCIATES**

1502 SW 41<sup>st</sup> Street  
Topeka, Kansas 66609  
Telephone: (785) 783-8982  
<http://www.craworld.com>

Fax: (785) 783-8859

October 19, 2009

Reference No. 058688

Ms. Tami Rice  
Contaminated Sites Section  
Iowa Department of Natural Resources  
502 East 9<sup>th</sup> Street  
Des Moines, IA 50319-0034

Re: Monitoring Well Abandonment  
Former Wilson Concrete Leased Property  
Intersection of West 2<sup>nd</sup> Street and 3<sup>rd</sup> Avenue  
Red Oak, Iowa

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Dear Ms. Rice:

Conestoga-Rovers & Associates, Inc. (CRA) has abandoned four monitoring wells which were located at BNSF Railway Company (BNSF) property at the intersection of West 2<sup>nd</sup> Street and 3<sup>rd</sup> Avenue in Red Oak, Iowa. The property was a petroleum storage tank release site known as the former Former Wilson Concrete Leased Property with Iowa Department of Natural Resources (IDNR) Site ID #525.

On September 24, 2009, CRA and O'Malley Drilling Company (O'Malley) of Blair, Nebraska visited the subject property to abandon and seal the monitoring wells. O'Malley is a certified well contractor in the State of Iowa.

Abandoned Water Well Plugging Records were completed for each sealed well and are provided in Attachment 1.

Should you have any questions or require additional information, please do not hesitate to contact me at (785) 783-8982.

Yours truly,

CONESTOGA-ROVERS & ASSOCIATES

A handwritten signature in cursive script that reads 'Kelly Harvey'.

Kelly Harvey

37370 OCT20'09 AM11:36

KH/tk/1  
Attach.

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Equal  
Employment Opportunity  
Employer

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# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

### 1. Owner:

PWTS Well Number:

Name: <u>BNSF-Wilson Concrete</u>	City: <u>Topeka</u>	State: <u>Kansas</u>
Address: <u>920 SE QUINCY</u>	Zip: <u>66612</u>	Phone: <u>(785) 435-2256</u>

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

PWSID Name:	PWSID Number:
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### 2. Well (Cistern) Location:

1/4 of, SE 1/4 of, SE 1/4 of, Section 29, Twp. 27 N, Range 38 (West) East (circle one)

Montgomery County, Describe well location on property: \_\_\_\_\_

GPS Well Location: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

### 3. Description:

Well depth: 18 ft. Casing material: steel, (plastic) concrete, clay, brick, stone  
 (circle one)  
 Depth to water: \_\_\_\_\_ ft.  
 Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, (augered)  
 (circle one)  
 Year or decade constructed: \_\_\_\_\_  
 Depth of casing: 18 ft. Check  If this is a Monitoring Well Well ID 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: [Signature] Date Plugged: 9/24/19

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. 8502

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 (Private Wells Only - 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**  
**401 SW 7<sup>th</sup> Street, Suite M**  
**Des Moines, IA 50309-4611**

# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

### 1. Owner:

PWTS Well Number:

Name: BNSF-Wilson Concrete City: Topeka State: KS  
 Address: 920 SE Quincy Zip: 66612 Phone: (785) 435-2256

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

PWSID Name: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

### 2. Well (Cistern) Location:

1/4 of, SE 1/4 of, SE 1/4 of, Section 29, Twp. 27 N, Range 38 West East (circle one)  
Montgomery County, Describe well location on property: \_\_\_\_\_  
 GPS Well Location: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

### 3. Description:

Well depth: 18 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
 Depth to water: \_\_\_\_\_ ft. (circle one)  
 Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered  
 Year or decade constructed: \_\_\_\_\_ (circle one)  
 Depth of casing: 18 ft. Check  if this is a Monitoring Well Well ID 2  
 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: 9/24/9

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. 8500

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 (Private Wells Only - 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**  
 401 SW 7<sup>th</sup> Street, Suite M  
 Des Moines, IA 50309-4611

# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

**1. Owner:**

PWTS Well Number:

Name: BNSF-Wilson Concrete City: Topeka State: KS  
 Address: 920 SE Quincy Zip: 66612 Phone: 785 435-2256

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

PWSID Name: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

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

1/4 of, SE 1/4 of, SE 1/4 of, Section 29, Twp. 27 N, Range 38 West East (circle one)  
Montgomery County, Describe well location on property: \_\_\_\_\_  
 GPS Well Location: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**3. Description:**

Well depth: 18 ft. Casing material: steel, plastic, concrete, clay, brick, stone  
 Depth to water: \_\_\_\_\_ ft. (circle one)  
 Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered  
 Year or decade constructed: \_\_\_\_\_ (circle one)  
 Depth of casing: 18 ft. Check  if this is a Monitoring Well Well ID 3  
 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: 9/24/19

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. 8500

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 (Private Wells Only - 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**  
 401 SW 7<sup>th</sup> Street, Suite M  
 Des Moines, IA 50309-4611

# Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

### 1. Owner:

PWTS Well Number:

Name: <u>BNSF-Wilson Concrete</u>	City: <u>Topeka</u>	State: <u>Kansas</u>
Address: <u>920 SE Quincy</u>	Zip: <u>66612</u>	Phone: <u>(785) 435-2256</u>

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

PWSID Name:	PWSID Number:
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### 2. Well (Cistern) Location:

<u>1/4 of, SE 1/4 of, SE 1/4 of, Section 29, Twp. 27 N, Range 38</u>	<u>West</u> East (circle one)
<u>Montgomery</u> County, Describe well location on property:	
GPS Well Location: Latitude	Longitude

### 3. Description:

Well depth: <u>18</u> ft.	Casing material: steel, <u>elastic</u> , concrete, clay, brick, stone
Depth to water: _____ ft.	(circle one)
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, <u>augered</u>
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID <u>4</u>
Check <input type="checkbox"/> 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: 9/24/19

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>[Signature]</u> Cert. No. <u>8500</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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Private Wells Only - Determined by County Agent)
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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 401 SW 7 <sup>th</sup> Street, Suite M Des Moines, IA 50309-4611