



CON 12-15
Doc #22770

June 16, 2010

Tami Rice
Contaminated Sites Section
Iowa Department of Natural Resources
502 E. 9th Street - Wallace State Office Building
Des Moines, Iowa 50319

RE: Well Sealing Report
Iowa Department of Natural Resources Correspondences
BNSF Leased Property – 239,578 (formerly Crawford Oil Company)
Knoxville, Iowa
EMR Project #7941-001

Dear Ms. Rice:

EMR, Inc. (EMR) is pleased to submit on behalf of BNSF Railway Company (BNSF) this letter detailing the sealing of four (4) of the six (6) monitoring wells for the above referenced site.

On May 26, 2010, EMR oversaw the sealing of four (4) monitoring wells on site. The wells were sealed in accordance with the Iowa Administrative Codes. Monitoring Well Reports have been submitted to the state by Rewerts Drilling Service Incorporated. Copies of the Monitoring Well Reports are enclosed.

Monitoring well MW-2 and MW-3 could not be located and were not abandoned and are believed to have been destroyed. The location of MW-2 and MW-3 were searched thoroughly by EMR and Rewerts personnel. Therefore, MW-2 and MW-3 have not been abandoned.

If you have any questions or comments please feel free to contact me at (763) 277-5200. We appreciated the opportunity to serve BNSF in working with the IDNR on this matter and look forward to working with you in the future.

Sincerely,
EMR, Inc.

A handwritten signature in black ink, appearing to read "Mary Rivard", is written over a horizontal line.

Mary Rivard
Senior Project Manager

Enclosure
cc. Judy McDonough, Manager, Environmental Remediation - BNSF

71103 JUN18'10 PM 4:04

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: BNSF Railway City: Kansas City State: KS
Address: 4515 Kansas Avenue Zip: 66106 Phone: (913) 551-3989

2. Well (Cistern) Location:

NW 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 75 N. Range 20 West/East (circle one)
Marion County, Describe well location on property:
West Portion of property

3. Description:

Well depth: <u>30</u> ft.	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>6</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug <u>augered</u> (circle one)
Yr. or decade constrd.: <u>2001</u>	
Depth of casing: <u>20</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: 5-26-10

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. 4715

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:

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: BNSF Railway City: Kansas City State: KS
Address: 4515 Kansas Avenue Zip: 66106 Phone: (913) 551-3989

2. Well (Cistern) Location:

NW 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 7S N, Range 20 West/East (circle one)
Marion County, Describe well location on property: North Portion of property

3. Description:

Well depth: <u>12</u> ft.	Casing material: steel, <u>(plastic)</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>6</u> ft.	Type of construction: drilled, driven, bored, dug, <u>(augered)</u> (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constr.: <u>2008</u>
Depth of casing: <u>2</u> ft.	Check <input checked="" type="checkbox"/> If this is a Monitoring Well Well ID: <u>MLW-3R</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: JNO Date Plugged: 5-26-10

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: Justin Fucci Cert. No. 4715

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:

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

Owner:

Name: BNSF Railway City: Kansas City State: KS
Address: 4515 Kansas Avenue Zip: 66106 Phone: (913) 551-3987

2. Well (Cistern) Location:

NW 1/4 of SE 1/4 of SW 1/4 of Section 1 Twp. 7S N. Range 20 West/East (circle one)

Marion County. Describe well location on property:

East portion of Property

3. Description:

Well depth: <u>12</u> ft.	Casing material: steel, <u>(plastic)</u> concrete, clay, brick, stone
Depth to water: <u>6</u> ft.	(circle one)
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, <u>(augered)</u>
Yr. or decade constr.: <u>2008</u>	(circle one)
Depth of casing: <u>25</u> ft.	Check <input checked="" type="checkbox"/> If this is a Monitoring Well. Well I.D.: <u>MW-2R</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: 5-26-16

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. 4715

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:

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: BNSF Railway City: Kansas City State: KS
Address: 4515 Kansas Avenue Zip: 66106 Phone: (913) 557-3987

2. Well (Cistern) Location:

NW 1/4 of SE 1/4 of SW 1/4 of Section 1, Twp. 75 N. Range 20 West (circle one)
Marion County, Describe well location on property:
West portion of property

3. Description:

Well depth: <u>12</u> ft.	Casing material: steel, <u>(plastic)</u> concrete, clay, brick, stone
Depth to water: <u>6</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>2008</u>	(circle one)
Depth of casing: <u>2</u> ft.	Check <input checked="" type="checkbox"/> If this is a Monitoring Well Well I.D.: <u>MW-1R</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: 5-26-10

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. 4765

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:

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