



Seneca Companies

The Complete Solution

June 14th, 2011

Ms. Tami Rice
Iowa Department of Natural Resources
Wallace State Office Building
Des Moines, Iowa 50319

HEADQUARTERS
Des Moines, Iowa
4140 E. 14th St.
Des Moines, IA 50313
P.O. Box 3360
Des Moines, IA 50316-0360
515.262.5000
800.369.5500 (Toll Free)
515.262.4951 (Fax)

Subject: Request for No Further Action Certificate -- Former Thermogas/Cenex Facility, 311 2nd Avenue SW, Buffalo Center, IA

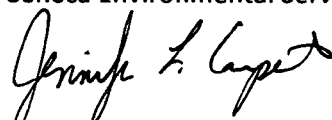
Dear Ms. Rice

The Iowa Department of Natural Resources (IDNR) assigned the former Thermogas/Cenex facility a No Action Required (NAR) classification in a letter dated March 18th, 2011. On May 11th, 2011 Seneca personnel visited the site and abandoned twelve (12) monitoring wells.

Enclosed are the well abandonment forms. At this time Seneca and CHS are requesting that the Buffalo Center site be closed.

If you have any questions regarding this report, please contact me at 515-261-7750 or at jcarpenter@senecaco.com.

Sincerely,
Seneca Environmental Services


Jennifer Carpenter
Project Manager, CGP# 2057

CHS, Inc.


Todd King
Environmental Affairs Director

Enc: Twelve (12) well plug records
Site Map

cc: Water Supply Section
Iowa DNR
101 SW 7th Street Suite M
Des Moines IA 50309

49521 PM 4:05 06/20/11

Branch Locations

Davenport, Iowa • Oreana, Illinois • Baldwin, Mississippi • Grandview, Missouri • Sioux City, Iowa • Denver, Colorado

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Petroleum Construction & Service • Petroleum Equipment Distribution • Environmental & Compliance Services • Industrial Fluid Power & Handling
Remediation & Process Systems • Waste Solutions & Hydroblasting • 24-Hr Emergency Spill Response • Vehicle Equipment Sales & Service • Electrical Contracting & Service

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 13.37 ft. Casing material: plastic
Depth of water: 3.06 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2003
Depth of casing: 15 ft. Check if this is a Monitoring Well ID.: MW1

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: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: [Signature]

Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 14.36 ft. Casing material: plastic
Depth of water: 2.00 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2003
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW2

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: Todd King

Date Plugged: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: Dave Phipps

Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

| | | | | | |
|----------|----------------------|-------|------------|--------|----|
| Name: | CHS Inc. | City: | St. Paul | State: | MN |
| Address: | PO Box 64089, MS 294 | Zip: | 55164-0089 | | |

2. Well (Cistern) Location:

| |
|--|
| NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County Describe well location on property: <u>Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.</u> |
|--|

3. Description:

| | |
|---------------------------------|--|
| Well depth: <u>13.65</u> ft. | Casing material: plastic |
| Depth of water: <u>2.05</u> ft. | Type of construction: drilled |
| Casing diameter: <u>2</u> in. | Year or decade constructed: <u>2003</u> |
| Depth of casing: <u>15</u> ft. | Check <input checked="" type="checkbox"/> if this is a Monitoring Well ID: MW3 |

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: Todd King Date Plugged: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: Dave Phipps Cert. No. 7660

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 401 SW 7th Street, Suite M Des Moines, Iowa 50309-4611 |
|--|---|

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

| | | | | | |
|----------|----------------------|-------|------------|--------|----|
| Name: | CHS Inc. | City: | St. Paul | State: | MN |
| Address: | PO Box 64089, MS 294 | Zip: | 55164-0089 | | |

2. Well (Cistern) Location:

| |
|--|
| NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County Describe well location on property: <u>Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.</u> |
|--|

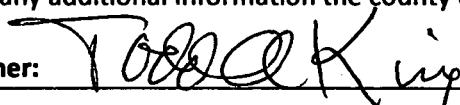
3. Description:

| | |
|---------------------------------|--|
| Well depth: <u>14.46</u> ft. | Casing material: plastic |
| Depth of water: <u>3.61</u> ft. | Type of construction: drilled |
| Casing diameter: <u>2</u> in. | Year or decade constructed: <u>2003</u> |
| Depth of casing: <u>15</u> ft. | Check <input checked="" type="checkbox"/> if this is a Monitoring Well ID: MW4 |

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:



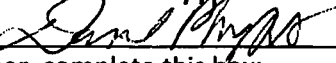
Date Plugged: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor:



Cert. No. 7660

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 401 SW 7 th Street, Suite M Des Moines, Iowa 50309-4611 |
|--|--|

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former
Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 1.55 ft. Casing material: plastic
Depth of water: 1.29 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2005
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW5

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: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps
Signature of Contractor: [Signature] Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 12.36 ft. Casing material: plastic
Depth of water: 3.45 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2005
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW7

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: Todd King Date Plugged: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: Dave Phipps Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 14.11 ft. Casing material: plastic
Depth of water: 3.64 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2005
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW8

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: Todd King Date Plugged: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: Dave Phipps Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 14.36 ft. Casing material: plastic
Depth of water: 3.16 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2005
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW9

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: T. A. King

Date Plugged: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: Dave Phipps

Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW $\frac{1}{4}$, of NW $\frac{1}{4}$, of NW $\frac{1}{4}$, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 14.39 ft. Casing material: plastic
Depth of water: 5.33 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2005
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW10

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: Todd King Date Plugged: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: Dave Phipps Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 14.15 ft. Casing material: plastic
Depth of water: 2.39 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2005
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW11

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: June 2, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: 

Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 14.48 ft. Casing material: plastic
Depth of water: 2.88 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2005
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW12

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: May 11, 2011

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).
Seneca Environmental Services, Dave Phipps
Signature of Contractor: [Signature] Cert. No. 7660

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
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. City: St. Paul State: MN
Address: PO Box 64089, MS 294 Zip: 55164-0089

2. Well (Cistern) Location:

NW ¼, of NW ¼, of NW ¼, of Section 20, Township 99N, Range 26W, Winnebago County
Describe well location on property: Contaminate plume assessment monitoring wells at Former Thermogas/Cenex Facility at 311 2nd Avenue SW, Buffalo Center, IA.

3. Description:

Well depth: 13.72 ft. Casing material: plastic
Depth of water: 2.82 ft.
Casing diameter: 2 in. Type of construction: drilled
Year or decade constructed: 2005
Depth of casing: 15 ft. Check if this is a Monitoring Well ID: MW13

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: May 11, 2011

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).

Seneca Environmental Services, Dave Phipps

Signature of Contractor: [Signature]

Cert. No. 7660

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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Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, Iowa 50309-4611

