June 14th, 2011

Ms. Tami Rice lowa 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 lowa 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

Town DNR 101 5W 7th Street Switch Des Moines JA 50309

49521 PM 4:05 06/20/11

Branch Locations

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

www.senecacompanies.com

Abandoned Water Well Plugging Record

Pluggir	ng Record
1. Owner:	
Name: CHS Inc. City: Si	<u>. Paul</u> State <u>: MN</u>
Address: PO Box 64089, MS 294 Zip: 55	164-0089
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 p	
Thermogas/Cenex Facility at 311 2 nd Avenue SW, B	uffalo Center, IA.
3. Description:	
Well depth: <u>13.37</u> ft. Casi	ng material: plastic
Depth of water:ft.	
	of construction: drilled
Year or decade constructed: 2003	
Depth of casing:ft. Chec	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 r	ule 567-39.8 of the Iowa Administrative Code (IAC). I
agree to provide any additional information the co	unty or department may need concerning this well.
Signature of Owner: Joseph King	Date Plugged: May 11, 2011
If plugged by certified well contractor, complete thi	s box:
I have plugged this well as required by rule 567-39.	8 of the Iowa Administrative Code (IAC).
Seneca Environmental Services, Pave Phipps	
Signature of Contractor:	Cert. No. 7660
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well following	•
Administrative Code with the oversight and assistant	nce 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

Abandoned Water Well Plugging Record

1. Owner	· · · · · · · · · · · · · · · · · · ·					
Name:	CHS Inc.	City <u>:</u>	St. Paul	S	tate <u>: MN</u>	
Address:	PO Box 64089, MS 294	Zip <u>:</u>	<u>55164-00</u>	89		
2. Well (C	istern) Location:					_
NW ¼, of	NW ¼, of NW ¼, of Section 2	0, Town	ship 99N, R	ange 26\	W, Winnebago County	'
	well location on property: Co					
Thermoga	s/Cenex Facility at 311 2 nd A	venue S\	N, Buffalo (Center, I	<u>A.</u>	
3. Descrip	tion:					
Well dept	h: <u>14.36</u> ft.	1	Casing mate	erial: pla	astic	
1 '	water:ft.					}
	meter: 2in.	•	Type of cor	structio	n: drilled	
Year or de	cade constructed: 2003			,		j
Depth of	casing: <u>15</u> ft.	(Check 🛂	if this is	a Monitoring Well ID:	MW2
Check	if Cistern depth:		ft.	diamete	er: ft.	
I certify th	is well has been plugged as i	required	by rule 567	'-39.8 of	the Iowa Administrativ	ve Code (IAC). I
agree to p	rovide any additional inform	ation th	e county or	departn	nent may need conceri	ning this well.
Signature	of Owner: Nodel	1Ki	MG	Da	ate Plugged: May 11, 2	011
L- <u></u>	V	~1-\ ^	7			
If plugged	by certified well contractor,	complete	e this box:			
I have plu	gged this well as required by	rule 567	'-39.8 of the	e Iowa A	dministrative Code (IA	C).
Seneca Er	vironmental Services, Dave	Phipps				
Signature	of Contractor:	I Phy	m		Cert. No. 7660	
OR, If plug	ged by well owner, complet	e this bo	x:			
The prope	rty owner has plugged this v	vell follo	wing requir	ements i	in rule 567-39.8 of the	lowa
Administr	ative Code with the oversigh	t and ass	sistance of t	the desig	nated county agent.	
Signature	of County Agent:			Da	ate Approved:	
Eligible for	Grants-to-Counties cost sha	re YI	ES NO	(De	etermined by County A	gent)
•	one form for each well plugg	-				
submit wi	thin 30 days to the local cou	nty agen			no county agent is ava	ilable, to:
				• • •	y Section	
					of Natural Resources	
					treet, Suite M	
			Des	Moines,	lowa 50309-4611	

Abandoned Water Well Plugging Record

Plugg	ing Record						
1. Owner:							
Name: CHS Inc. City:	<u>St. Paul</u> State <u>: MN</u>						
Address: PO Box 64089, MS 294 Zip:	55164-0089						
2. Well (Cistern) Location:							
NW ¼, of NW ¼, of NW ¼, of Section 20, Townsh							
Describe well location on property: Contaminate plume assessment monitoring wells at Former							
Thermogas/Cenex Facility at 311 2 nd Avenue SW,	Buffalo Center, IA.						
3. Description:							
Well depth: 13.65 ft. Ca	sing material: plastic						
Depth of water: 2.05 ft.							
	pe of construction: drilled						
Year or decade constructed: 2003							
Depth of casing: 15 ft. Ch	eck 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						
, , , , , , , , , , , , , , , , , , , ,	ounty or department may need concerning this well.						
1 2001/							
Signature of Owner:	Date Plugged: May 11, 2011						
If plugged by certified well contractor, complete t	his box:						
I have plugged this well as required by rule 567-3	9.8 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 followi	- '						
Administrative Code with the oversight and assist	ance of the designated county agent.						
Signature of County Agents	Data Approved:						
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	(Determined by County Agent)						
submit within 30 days to the local county agent:	or, only if no county agent is available, to:						
Submit within 30 days to the local county agent.	Water Supply Section						
	Department of Natural Resources						
	401 SW 7 th Street, Suite M						

Abandoned Water Well

	Р	luggir	ng Re	ecord			
1. Owner:						4	
Name: CHS Inc	. Ci	ty: St	. Paul	Sta	te <u>: MN</u>		
Address: PO Box 6408	•		164-00				
2. Well (Cistern) Location							
NW ¼, of NW ¼, of NW ½		=		-	_	-	
Describe well location or						wells at Fo	ormer
Thermogas/Cenex Facilit	<u>y at 311 2''' Aven</u>	ue SW, B	uffalo (enter, IA.	·		
3. Description:							
Well depth:14		Casii	ng mate	erial: plas	tic		
Depth of water:3.							
Casing diameter:		Туре	of con	struction:	drilled		
Year or decade construct	ed: <u>2003</u>						
Depth of casing:1	<u>5</u> ft.	Chec	k 🖊	if this is a	Monitoring \	Well ID:	MW4
Check if Cistern	depth:		ft.	diameter	:	ft.	
I certify this well has bee agree to provide any add							
Signature of Owner:	UDDELL	47	Ng	Dat	e Plugged: M	ay 11, 201	11
If plugged by certified we	ll contractor, com	plete thi	s bøx:				
I have plugged this well a	s required by rule	567-39.	8 of the	e Iowa Adı	ministrative C	ode (IAC).	
Seneca Environmental Se	ervices, Dave Phil	ops,					
Signature of Contractor:	Jan!	PMM			Cert. No.	7660	
OR, If plugged by well ow	ner, complete th	is box:					
The property owner has I	plugged this well	following	requir	ements in	rule 567-39.8	8 of the lo	wa
Administrative Code with	the oversight an	d assistaı	nce of t	he design	ated county a	agent.	
Signature of County Age	nt:			Dat	e Approved:		
Eligible for Grants-to-Cour	nties cost share	YES	NO	(Det	ermined by C	ounty Age	nt)
Complete one form for e	ach well plugged	and					
submit within 30 days to	the local county a	gent:	or	, only if n	county ager	nt is availa	ble, to:
	<u> </u>		Wate	er Supply	Section		
			l n		C Nickersol Dec.		

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

Abandoned Water Well Plugging Record

1. Owner:						
Name: CHS Inc. City: St.	Paul State: MN					
Address: PO Box 64089, MS 294 Zip: 551	64-0089					
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, Bu	ffalo Center, IA.					
3. Description:						
·	g material: plastic					
Depth of water: 1.29 ft.	af annahusakin as dailla d					
Casing diameter:2 in. Type Year or decade constructed: _2005_	of construction: drilled					
· · · · · · · · · · · · · · · · · · ·						
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 ru	le 567-39.8 of the Iowa Administrative Code (IAC). I					
agree to provide any additional information the cou	nty or department may need concerning this well.					
Signature of Owner:	Date Plugged: May 11, 2011					
	7.					
If plugged by certified well contractor, complete this						
I have plugged this well as required by rule 567-39.8	of the Iowa Administrative Code (IAC).					
Seneca Environmental Services, Dave Phipps	0.4.417550					
Signature of Contractor:	Cert. No. 7660					
OR, If plugged by well owner, complete this box:						
The property owner has plugged this well following	·					
Administrative Code with the oversight and assistan	ce 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	(betermined by county Agent)					
submit within 30 days to the local county agent:	or, only if no county agent is available, to:					
and the second of the second country affects.	Water Supply Section					
	Department of Natural Resources					
	401 SW 7 th Street, Suite M					
	Des Moines, Iowa 50309-4611					

Abandoned Water Well Plugging Record

1. Owner:	
Name: CHS Inc. City: St	<u>. Paul</u> State <u>: MN</u>
Address: PO Box 64089, MS 294 Zip: 55	164-0089
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 p	
Thermogas/Cenex Facility at 311 2 nd Avenue SW, B	uffalo Center, IA.
2 Decembries	
3. Description: Well depth: 12.36 ft. Casin	ng material: plastic
Well depth: <u>12.36</u> ft. Casii Depth of water: <u>3.45</u> ft.	ig material. Plastic
•	of construction: drilled
Year or decade constructed: 2005	or construction. urmed
	k if this is a Monitoring Well ID: MW7
Depth of casing: 15 ft. Chec	k if this is a Monitoring Well ID: MW7
Charle Cistons domain	fe diameter.
Check if Cistern depth:	ft. diameter: ft.
Loostifushic well has been plugged as required by	ule 567-39.8 of the Iowa Administrative Code (IAC). I
agree to provide any additional information the co	
agree to provide any additional information the con	anty of department may need concerning this well.
Signature of Owner:	Date Plugged: May 11, 2011
10000 COVID	2443 1140004 1141 1141 1141
If plugged by certified well contractor, complete this	s box:
I have plugged this well as required by rule 567-39.	
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 lowa
Administrative Code with the oversight and assistan	·
_	, ,
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

Abandoned Water Well Plugging Record

		Pluggi	ng Re	cord			
1. Owner:							
Name: CHS Inc	2.	City: S	St. Paul	State: MN			
Address: PO Box 6408	9, MS 294	Zip <u>: 5</u>	5164-0089	<u> </u>			
2. Well (Cistern) Locatio							
NW ¼, of NW ¼, of NW !		-		-	-	-	
Describe well location of					ring well:	s at For	<u>mer</u>
Thermogas/Cenex Facilit	ty at 311 2" Ave	enue SW, I	<u>Buffalo Ce</u>	nter, IA.			
3. Description:							
Well depth: 14.	<u>11</u> ft.	Cas	ing materi	al: plastic			
Depth of water:3	<u>.64</u> ft.						
Casing diameter:	in.	Тур	e of const	ruction: drilled			
Year or decade construc	ted: <u>2005</u>						
Depth of casing:1	<u>.5</u> ft.	Che	ck 🛂 if	this is a Monitor	ing Well	ID:	MW8
Check if Cistern	depth:		ft. d	iameter:	ft.		
I certify this well has bee	n plugged as re	quired by	rule 567-3	9.8 of the lowa	Administi	rative C	ode (IAC). I
agree to provide any add	litional informa	tion the co	ounty or d	epartment may r	need con	cerning	this well.
Signature of Owner:	ODDA.	Kina	l	Date Plugge	d: Mav 1:	1. 2011	
()	000-00	Lore					<u> </u>
If plugged by certified we	ell contractor, co	omplete th	s box:				
I have plugged this well a	•			owa Administrati	ive Code	(IAC).	
Seneca Environmental S	ervices, Dave P	hipps					
Signature of Contractor:	Sen!	Mary	·	Cert	. No. 766	50	
OR, If plugged by well ov	vner, complete	this box:		· · · · · · · · · · · · · · · · · · ·			
	The property owner has plugged this well following requirements in rule 567-39.8 of the lowa						
Administrative Code with	n the oversight	and assista	ince of the	e designated cou	nty agen	t.	•
Signature of County Age	nt:	<u></u> .		Date Approv	ed:		
							-
Eligible for Grants-to-Cou	nties cost share	YES	NO	(Determined	by Count	y Agen	t)
Complete one form for e							
submit within 30 days to	the local count	y agent:		only if no county	agent is	availab	le, to:
				Supply Section	_		
				ment of Natural		es	
			401 SV	۷ 7 th Street, Suite	e M		

Abandoned Water Well Plugging Record

	Plug	ging Rec	ord	
1. Owner:				
Name: CHS Inc.	City <u>:</u>	St. Paul	State: MN	
Address: PO Box 64089, I	<u> MS 294Zip:</u>	55164-0089		
2. Well (Cistern) Location:				
NW ¼, of NW ¼, of NW ¼, o				
Describe well location on pr	roperty: Contamina	te plume asse	essment monitoring	wells at Former
Thermogas/Cenex Facility a	t 311 2" Avenue SV	V, Buffalo Cen	iter, IA.	
3. Description:				
Well depth:14.36		Casing materia	al: plastic	
Depth of water:3.16				!
Casing diameter: 2		Type of constr	uction: drilled	
Year or decade constructed				
Depth of casing: <u>15</u>	ft. C	check 🛂 if	this is a Monitoring	Well ID: MW9
Check if Cistern	depth:	ft. dia	ameter:	ft.
I certify this well has been p	lugged as required	by rule 567-39	9.8 of the lowa Adm	inistrative Code (IAC). I
agree to provide any addition	onal information the	county or de	partment may need	concerning this well.
	many"			
Signature of Owner:	Ment M	no	Date Plugged: M	lay 11, 2011
If plugged by certified well c	contractor, complete	this box:		
I have plugged this well as r	equired by rule 567	-39.8 of the Ic	wa Administrative (Code (IAC).
Seneca Environmental Serv	ices, Dave Phipps			
Signature of Contractor:	Sevel 19mm	0	Cert. No	. 7660
OR, If plugged by well owne	r, complete this box	(:		
The property owner has plu		- '		
Administrative Code with th	e oversight and assi	istance of the	designated county a	agent.
Signature of County Agent:			Date Approved:	
Eligible for Grants-to-Countie	es cost share YE	S NO	(Determined by C	ounty Agent)
Complete one form for each				
submit within 30 days to the	e local county agent	 	nly if no county age	nt is available, to:
			Supply Section	
			ment of Natural Res	ources
		401 SW	7 th Street. Suite M	

Abandoned Water Well Plugging Record

		Plugg	ging R	ecord	l		
1. Owner:	·						
Name: CHS Inc	c	_City <u>:</u>	St. Paul	s	tate <u>: MN</u>		
Address: PO Box 6408	9, MS 294	_Zip <u>:</u>	<u>55164-00</u>	89			
2. Well (Cistern) Location	n:						
NW ¼, of NW ¼, of NW							
Describe well location of						<u>g wells at I</u>	<u>Former</u>
Thermogas/Cenex Facility	ty at 311 2" Av	enue SW	<u>, Buffalo (</u>	Center, I	<u>A.</u>		
3. Description:			*** *** · · · · · · · · · · · · · · · ·				
Well depth:14.		Ca	asing mate	erial: pla	astic		
	<u>5.33</u> ft.						
Casing diameter:		Ту	pe of cor	structio	n: drilled		
Year or decade construc	ted: <u>2005</u>			,			
Depth of casing:1	<u>.5</u> ft.	Cl	neck 🛂	if this is	a Monitoring	Well ID:	MW10
Check if Cistern	depth:		ft.	diamete		ft.	,
I certify this well has bee	n plugged as re	quired b	y rule 567	'-39.8 of	the lowa Adn	ninistrativ	e Code (IAC). I
agree to provide any add	litional informa	tion the	county or	departr	nent may nee	d concern	ing this well.
Signature of Owner:	ADD O	Kin	18p	Ð	ate Plugged: N	Viay 11, 20)11
		V					
If plugged by certified we							
I have plugged this well a	as required by r	ule 567-3	39.8 of the	e Iowa A	dministrative	Code (IAC	:).
Seneca Environmental S	<i>-</i> 1	- <i>71</i> 7					
Signature of Contractor:	descel	19mm	<u></u>		Cert. No	o. 7660	
OR, If plugged by well ov							· · · · · · · · · · · · · · · · · · ·
The property owner has	plugged this we	ell follow	ing requir	ements	in rule 567-39	.8 of the I	owa
Administrative Code with	n the oversight	and assis	tance of t	he desig	nated county	agent.	
Signatura of County Age							
Signature of County Age	nt:			Di	ate Approved:	<u>. </u>	
Eligible for Grants-to-Cou	nties cost share	YES	NO	(De	etermined by	County Ag	ent)
Complete one form for e			140	100	terrimed by	County Ag	ency
submit within 30 days to			01	only if	no county age	ant ic avail	able to:
Judinic Wichin Jo days to	the local couli	y agent.			y Section	-111 13 avan	anie, to.
					of Natural Re	SOurces	
					reet, Suite M		

Abandoned Water Well Plugging Record

1. Owner:	
Name: CHS Inc. City: St.	Paul State: MN
Address: PO Box 64089, MS 294 Zip: 553	164-0089
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 p	
Thermogas/Cenex Facility at 311 2 nd Avenue SW, Bu	<u>ıffalo Center, IA.</u>
3. Description:	
Well depth: 14.15 ft. Casin	g 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: MWI
_	
Check if Cistern depth:	ft. diameter: ft.
I certify this well has been plugged as required by ru	le 567-39.8 of the Iowa Administrative Code (IAC). I
agree to provide any additional information the cou	nty or department may need concerning this well.
- I ammy	
Signature of Owner:	Date Plugged: June 2, 2011
If plugged by certified well contractor, complete this	
I have plugged this well as required by rule 567-39.8	of the Iowa Administrative Code (IAC).
Seneca Environmental Services, Dave Phipps	6-4 No. 7660
Signature of Contractor:	Cert. No. 7660
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well following	·
Administrative Code with the oversight and assistan	ce of the designated county agent.
Signature of County Agents	Data Annroyad
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
DNR FORM (REV 05/08)	542-1226

Abandoned Water Well Plugging Record

1. Owner:						
Name: CHS Inc. City: St.	Paul State: MN					
Address: PO Box 64089, MS 294 Zip: 551	64-0089					
2 W. H. G						
2. Well (Cistern) Location:						
NW ¼, of NW ¼, of Section 20, Township S						
Describe well location on property: Contaminate plume assessment monitoring wells at Former						
Thermogas/Cenex Facility at 311 2 nd Avenue SW, Bu	maio Center, IA.					
3. Description:	·					
Well depth:14.48ft. Casin	g material: plastic					
Depth of water: 2.88 ft.						
	of construction: drilled					
Year or decade constructed: 2005						
Depth of casing: <u>15</u> 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 ru						
agree to provide any additional information the cou	nty 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, Pave 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 assistan	ce of the designated county agent.					
Signature of County Agent:	Date Approved:					
Eligible for Grants-to-Counties cost share YES	NO (Determined by County Agent)					
	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:					
Submit within 30 days to the local county agent.	Water Supply Section					
	Department of Natural Resources					
	401 SW 7 th Street, Suite M					
	Des Moines, Iowa 50309-4611					
DNR FORM (REV 05/08)	542-1226					

Abandoned Water Well

	Plu	ugging	Reco	rd	
1. Owner:					
Name: CHS Inc	<u></u> City	: St. Pa	aul	_ State <u>: MN</u>	
Address: PO Box 6408	<u>9, MS 294 </u>	55164	1-0089	_ ,	
2. Well (Cistern) Locatio					
NW ¼, of NW ¼, of NW ½		-	_	_	•
Describe well location or					ells at Former
Thermogas/Cenex Facilit	y at 311 2" Avenue	SW, Buffa	ilo Cente	er, IA.	
3. Description:					
Well depth:13.		Casing r	naterial:	plastic	
Depth of water:2		_			
Casing diameter:		Type of	construc	tion: drilled	
Year or decade construct	ed: <u>2005</u>	_	_		
Depth of casing:1	<u>5</u> ft.	Check L	🛂 if thi:	s is a Monitoring We	ll ID: MW13
Check if Cistern	depth:	1	t. diam	neter:	ft.
I certify this well has bee	n plugged as requir	ed by rule	567-39.8	of the Iowa Admini	strative Code (IAC). I
agree to provide any add	itional information	the count	y or depa	ortment may need co	oncerning this well.
Signature of Owner:	00000	Kin	4	Date Plugged: May	11, 2011
If plugged by certified we	ll contractor, comp	lete this be	x:		
I have plugged this well a	s required by rule 5	67-39.8 o	f the low	a Administrative Cod	de (IAC).
Seneca Environmental Se	/ / /	5	Marine St. S.		
Signature of Contractor:	Level PI	WM		Cert. No. 7	7660
OR, If plugged by well ow	ner, complete this	pox:			
The property owner has		_	-		
Administrative Code with	the oversight and	assistance	of the de	esignated county age	ent.
Signature of County Age	nt: .			Date Approved:	
Eligible for Grants-to-Cour			NO	(Determined by Cou	inty Agent)
Complete one form for ex					
submit within 30 days to	trie local county ag			y if no county agent	is available, to:
			-	pply Section ent of Natural Resou	
			•	ent of Natural Resou th Street, Suite M	ii CeS
		"	OT SAA \	Juicely Juile IVI	



