

CON 12-15
Doc # 24323

May 6, 2011

Mr. Hylton Jackson
Iowa Department of Natural Resources
Wallace Street Office
502 East 9th Street
Des Moines, Iowa 50319-0034

Subject: **Abandonment of Monitoring Wells,
Carroll Coolers Facility
202 West 3rd Street
Carroll, Iowa**

Dear Hylton:

This letter provides abandonment records for the monitoring wells previously installed at the Carroll Coolers Facility located at 202 West 3rd Street, Carroll, Iowa. The monitoring wells have been utilized in the monitoring and evaluation of groundwater over the past four years and stretching back to more than a dozen years ago. Installation of most of the monitoring wells pre-dated my involvement; thus, the methods employed to install most of the wells are not known. A figure showing locations of the monitoring wells is provided in Attachment 1.

Of the seventeen alleged monitoring wells, thirteen were abandoned, two (MW-1 and MW-4) were previously abandoned, and two (SP-12 and SP-55) were unable to be abandoned due to debris located over the top thus preventing access to these wells. In the cases of SP-12 and SP-55, grout materials and instructions were left behind for the owner to abandon these wells when the surfaces above are cleared. The records for abandonment for the remainder of the former monitoring wells are attached. In each case, approximately two quarts of bentonite-grout slurry were poured into the one-inch PVC casings. After setting for five to fifteen minutes, another few ounces of slurry were added to the casing (i.e., filling up to the top). After settling another few minutes, a second 'topping off' was performed. In most cases, casing filled to the surface and did not drop. This completed the abandonment, and the covers of the former monitoring wells were replaced. Any further abandonment will be performed at the need of the future development at the facility.

If there are questions, please contact me at 636-448-3087, or email me at marku950@yahoo.com.

Sincerely,



Mark R. Underwood, PhD

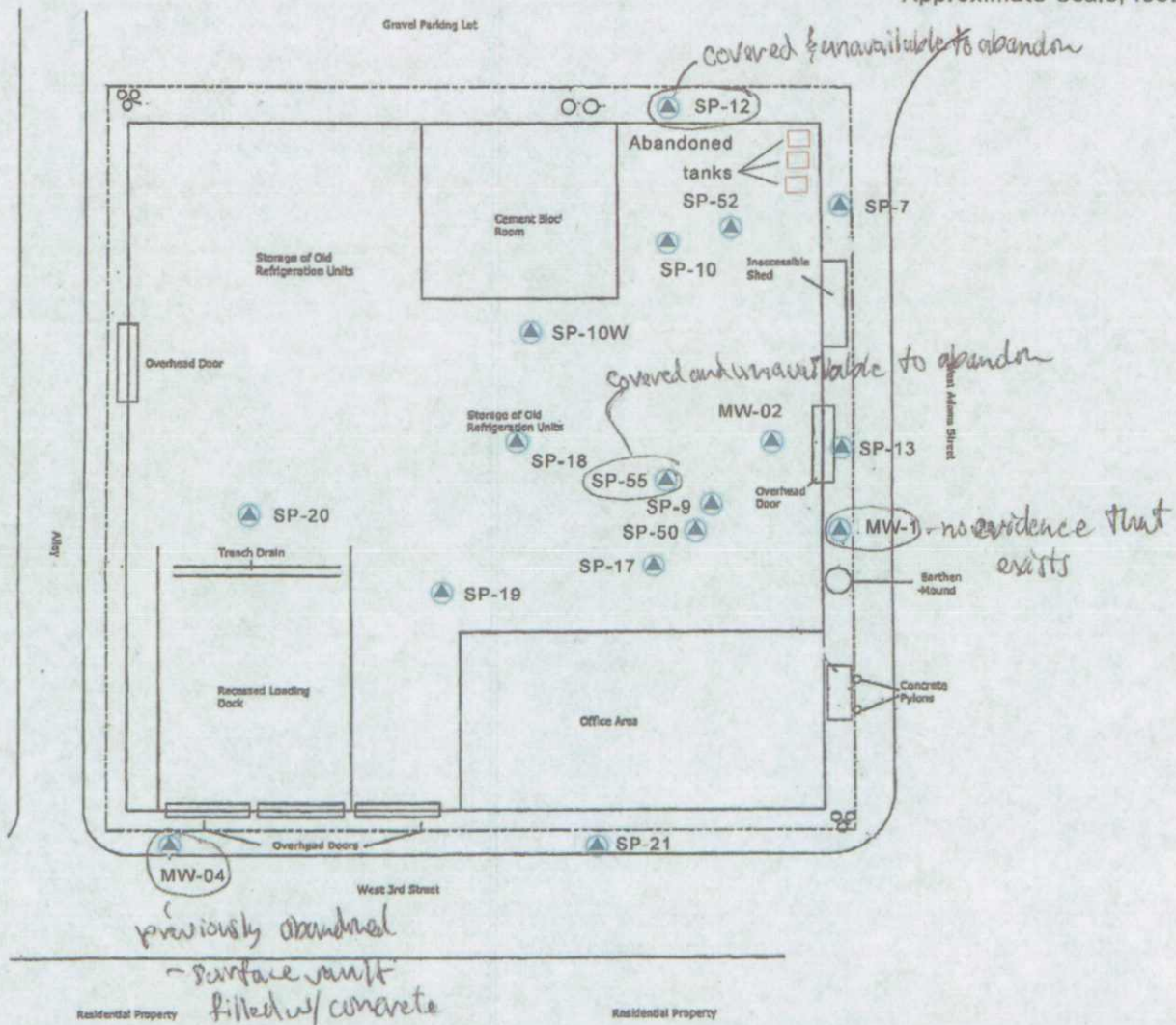
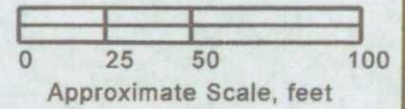
Attachments:

1-Figure 2-Abandoned Monitoring Well Plugging Record

Copy: Mr. Robert Trausch, Mrs. Ester Trausch

Attachment 1

Map Location of Monitoring Wells



Legend



Monitoring Well Location

Monitoring Well Locations

Carroll Cooler
Carroll, Iowa

Figure 1

Attachment 2

Abandoned Monitoring Well Plugging Records

Abandoned Monitoring Well Plugging Record

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Robert Trausch</u>	City: <u>Carroll</u>	State: <u>Iowa</u>
Address: <u>2225 Fairview Heights</u>	Zip: <u>51401</u>	Phone: <u>(712) 790-3837</u>

Name: <u>Carroll Coolers</u>
Number: <u>202 W 3rd St, Carroll, IA</u>

2. Well (Cistern) Location:

<u>1/4</u> of, <u>1/4</u> of, <u>1/4</u> of, Section <u> </u> , Twp. <u> </u> N, Range <u> </u> West/East (circle one)
County, Describe well location on property: <u> </u>

3. Description:

Well depth: <u>11.6</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: <u>2.8</u> ft.	(circle one)
Casing diameter: <u>1</u> in.	Type of construction: drilled, driven, bored, dug, augered <u>unknown</u>
Year or decade constructed: <u>early 2000's</u>	(circle one)
Depth of casing: <u> </u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>SP-7</u>
Check <input type="checkbox"/> if Cistern	depth: <u> </u> ft. diameter: <u> </u> 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's Consultant: Mark W. Woodward Date Plugged: 5/4/2011

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).
Signature of Contractor: <u> </u> Cert. No. <u> </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: <u> </u> Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

DNR FORM (REV 9/04)

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Robert Trausch</u>	City: <u>Carroll</u>	State: <u>Iowa</u>
Address: <u>2225 Fairview Heights</u>	Zip: <u>51401</u>	Phone: <u>(712) 790-3837</u>

Name: <u>Carroll Coolers</u>
Number: <u>202 W 3rd St, Carroll, IA</u>

2. Well (Cistern) Location:

1/4 of, _____	1/4 of, _____	1/4 of, _____	Section _____, Twp. _____ N, Range _____ West/East (circle one)
County, Describe well location on property: _____			

3. Description:

Well depth: <u>12.5</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>3.1</u> ft.	
Casing diameter: <u>1</u> in.	Type of construction: drilled, driven, bored, dug, augered (<u>unknown</u>) (circle one)
Year or decade constructed: <u>early 2000's</u>	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>SP-10</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's Consultant: Mark R. Woodward Date Plugged: 5/4/2011

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).	
Signature of Contractor: _____	Cert. No. _____

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 (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson IDNR Contaminated Sites Section 502 East 9th Street Des Moines, IA 50319 DNR FORM (REV 9/04)	
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Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Robert Trausch</u>	City: <u>Carroll</u>	State: <u>Iowa</u>
Address: <u>2225 Fairview Heights</u>	Zip: <u>51401</u>	Phone: <u>(712) 790-3837</u>

Name: <u>Carroll Coolers</u>
Number: <u>202 W 3rd St, Carroll, IA</u>

2. Well (Cistern) Location:

<u>1/4</u> of, <u>1/4</u> of, <u>1/4</u> of, Section <u> </u> , Twp. <u> </u> N, Range <u> </u> West/East (circle one)
<u> </u> County, Describe well location on property: <u> </u>

3. Description:

Well depth: <u>12.5</u> ft.	Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: <u>3.1</u> ft.	(circle one)
Casing diameter: <u>1</u> in.	Type of construction: drilled, driven, bored, dug, augered <u>(unknown)</u>
Year or decade constructed: <u>early 2000s</u>	(circle one)
Depth of casing: <u> </u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>SP-10 W</u>
Check <input type="checkbox"/> if Cistern	depth: <u> </u> ft. diameter: <u> </u> 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's Consultant: Mark R. Underwood Date Plugged: 5/4/2011

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).
Signature of Contractor: <u> </u> Cert. No. <u> </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: <u> </u> Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson IDNR Contaminated Sites Section 502 East 9 th Street Des Moines, IA 50319	
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Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Robert Trausch</u>	City: <u>Carroll</u>	State: <u>Iowa</u>
Address: <u>2225 Fairview Heights</u>	Zip: <u>51401</u>	Phone: <u>(712) 790-3837</u>

Name: <u>Carroll Coolers</u>
Number: <u>202 W 3rd St, Carroll, IA</u>

2. Well (Cistern) Location:

<u>1/4</u> of, <u>1/4</u> of, <u>1/4</u> of, Section <u> </u> , Twp. <u> </u> N, Range <u> </u> West/East (circle one)
County, Describe well location on property: <u> </u>

3. Description:

Well depth: <u>12.5</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>3.7</u> ft.	
Casing diameter: <u>1</u> in.	Type of construction: drilled, driven, bored, dug, augered <u>unknown</u> (circle one)
Year or decade constructed: <u>2000s</u>	(circle one)
Depth of casing: <u> </u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>SP-13</u>
Check <input type="checkbox"/> if Cistern	depth: <u> </u> ft. diameter: <u> </u> 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's Consultant: Mark N. Anderson Date Plugged: 5/4/2011

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).
Signature of Contractor: <u> </u> Cert. No. <u> </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: <u> </u> Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson IDNR Contaminated Sites Section 502 East 9 th Street Des Moines, IA 50319	
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Abandoned Monitoring Well Plugging Record

Name:	Carroll Coolers
Number:	202 W 3rd St, Carroll, IA

____ 1/4 of, ____ 1/4 of, ____ 1/4 of, Section ____ , Twp. ____ N, Range ____ West/East (circle one)
____ County, Describe well location on property: _____

Well depth: 12.6 ft. Casing material: steel, (plastic), concrete, clay, brick, stone
Depth to water: 4.2 ft. (circle one)
Casing diameter: 1 in. Type of construction: drilled, driven, bored, dug, augered (unknown)
Year or decade constructed: _____ (circle one)
Depth of casing: _____ ft. Check ☒ if this is a Monitoring Well Well ID: SP-17
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's Consultant: Mark R. Howard Date Plugged: 5/4/2011

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).

Signature of Contractor:_____ **Cert. No.**_____

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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Robert Trausch</u>	City: <u>Carroll</u>	State: <u>Iowa</u>
Address: <u>2225 Fairview Heights</u>	Zip: <u>51401</u>	Phone: <u>(712) 790-3837</u>

Name: <u>Carroll Coolers</u>
Number: <u>202 W 3rd St, Carroll, IA</u>

2. Well (Cistern) Location:

<u>1/4</u> of, <u>1/4</u> of, <u>1/4</u> of, Section <u> </u> , Twp. <u> </u> N, Range <u> </u> West/East (circle one)
<u> </u> County, Describe well location on property: <u> </u>

3. Description:

Well depth: <u>13.0</u> ft.	Casing material: steel, <u>(plastic)</u> concrete, clay, brick, stone
Depth to water: <u>3.67</u> ft.	(circle one)
Casing diameter: <u>1</u> in.	Type of construction: drilled, driven, bored, dug, augered <u>(augered)</u>
Year or decade constructed: <u> </u>	(circle one)
Depth of casing: <u> </u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>SP-18</u>
Check <input type="checkbox"/> if Cistern	depth: <u> </u> ft. diameter: <u> </u> 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's Consultant: Mark R. Anderson Date Plugged: 5/4/2011

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).

Signature of Contractor: Cert. No.

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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

DNR FORM (REV 9/04)

Abandoned Monitoring Well Plugging Record

DNR FORM (REV 9/04)

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Robert Trausch</u>	City: <u>Carroll</u>	State: <u>Iowa</u>
Address: <u>2225 Fairview Heights</u>	Zip: <u>51401</u>	Phone: <u>(712) 790-3837</u>

Name: <u>Carroll Coolers</u>
Number: <u>202 W 3rd St, Carroll, IA 5</u>

2. Well (Cistern) Location:

<u>1/4</u> of, <u>1/4</u> of, <u>1/4</u> of, Section <u> </u> , Twp. <u> </u> N, Range <u> </u> West/East (circle one)
County, Describe well location on property: <u> </u>

3. Description:

Well depth: <u>13.1</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>3.98</u> ft.	
Casing diameter: <u>1</u> in.	Type of construction: drilled, driven, bored, dug, augered <u>unknown</u> (circle one)
Year or decade constructed: <u> </u>	(circle one)
Depth of casing: <u> </u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>SP-20</u>
Check <input type="checkbox"/> if Cistern	depth: <u> </u> ft. diameter: <u> </u> 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's Consultant: Mitchell Anderson Date Plugged: 5/4/2011

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).
Signature of Contractor: <u> </u> Cert. No. <u> </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: <u> </u> Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson IDNR Contaminated Sites Section 502 East 9 th Street Des Moines, IA 50319	
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Abandoned Monitoring Well Plugging Record

DNR FORM (REV 9/04)

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Robert Trausch</u>	City: <u>Carroll</u>	State: <u>Iowa</u>
Address: <u>2225 Fairview Heights</u>	Zip: <u>51401</u>	Phone: <u>(712) 790-3837</u>

Name: <u>Carroll Coolers</u>
Number: <u>202 W 3rd St, Carroll, IA</u>

2. Well (Cistern) Location:

<u>1/4</u> of, <u>1/4</u> of, <u>1/4</u> of, Section <u> </u> , Twp. <u> </u> N, Range <u> </u> West/East (circle one)
<u> </u> County, Describe well location on property: <u> </u>

3. Description:

Well depth: <u>10.7</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone
Depth to water: <u>2.97</u> ft.	(circle one)
Casing diameter: <u>1</u> in.	Type of construction: drilled, <u>driven</u> bored, dug, augered
Year or decade constructed: <u>2007</u>	(circle one)
Depth of casing: <u> </u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>SP-52</u>
Check <input type="checkbox"/> if Cistern	depth: <u> </u> ft. diameter: <u> </u> 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's Consultant: Mark R. Henderson Date Plugged: 5/4/2011

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).	
Signature of Contractor: <u> </u>	Cert. No. <u> </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: <u> </u>	Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson IDNR Contaminated Sites Section 502 East 9 th Street Des Moines, IA 50319	
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