#### CON 12-15 Doc # 24323

May 6, 2011

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

Subject:

Abandonment of Monitoring Wells,

Carroll Coolers Facility 202 West 3<sup>rd</sup> 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 3<sup>rd</sup> 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,

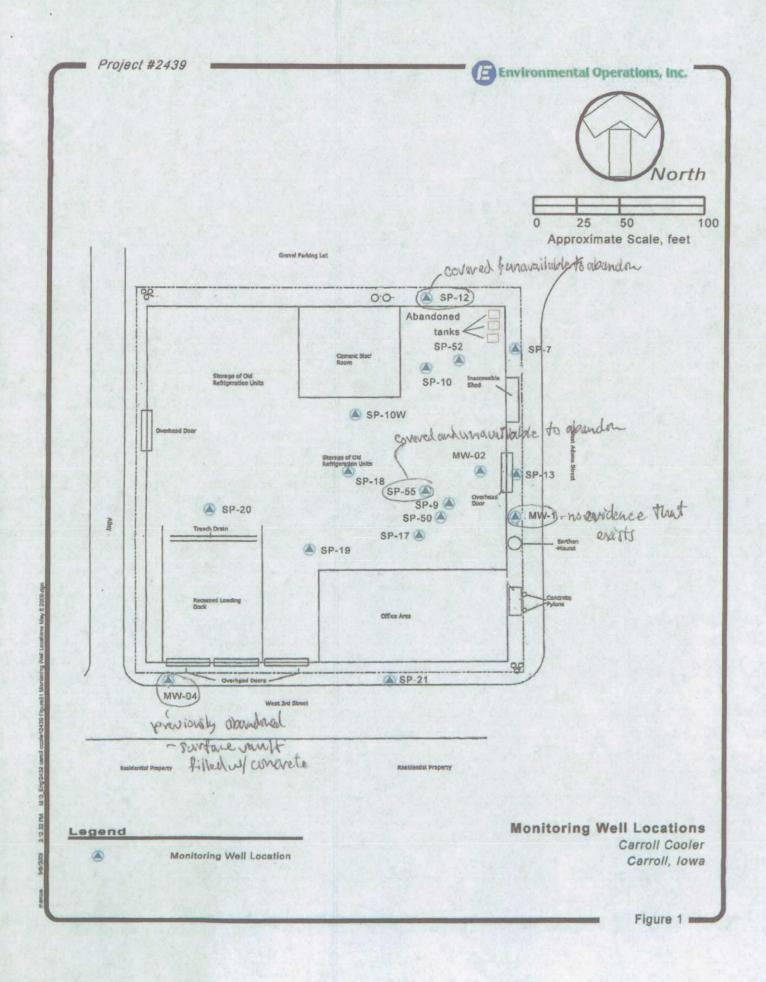
Mark R. Underwood, PhD

Attachments:

1-Figure 2-Abandoned Monitoring Well Plugging Record

Copy: Mr. Robert Trausch, Mrs. Ester Trausch

### Attachment 1 Map Location of Monitoring Wells



### Attachment 2

1. Owner:						
Name:	Robert Trausch	City:	Carroll		State: Iowa	
Address:	2225 Fairview Heights	Zip:	51401	Phone:	(712) 790-3837	
Name:	Carroll Coolers					
Number:	m60-2	202 W 3	ord st	.Carrol(	, IA	
2. Well (Ci	stern) Location:			•		
1/4 of,	1/4 of,1/4 of,	Section	, Twp	N, Range	West/East (circle one)	
	County	y, Describe w	ell locatio	on on property:		
		•				
3. Descrip	otion:					
	depth: 10 2 ft.	Casing mate	rial: stee	l, (plastic) co	ncrete, clay, brick, stone	
	water: 3.5 ft.				( circle one)	
	Casing diameter: in. Type of construction: drilled, driven, bored, dug, augered which during the following that the constructed: 19805 (circle one)					
Depth of o	casina: ft.	Check 🔯 if this	is a Mon			
Depth of casing: ft. Check ☑ if this is a Monitoring Well Well ID: ₩ω-2  Check ☐ if Cistern depth: ft. diameter: ft.						
I cortify this	well has been nlugged a	s required by r	ule 567-3	9.8 of the lows	a Administrative Code (IAC).	
					need concerning this well.	
•	of Owner's Consulta	_	•	_		
	by certified well contracto			······		
	ged this well as required			lowa Administr	rative 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 lowa Administrative Code with the oversight and assistance of the designated county agent.					
Signature of County Agent: Date Approved:						
<u> </u>					· · · · · · · · · · · · · · · · · · ·	
Eligible for	Grants-to-Counties cost	share: YES	S □ NO	(Determined	by County Agent)	
Complete o	one form for each well r	olunged and				
	in 30 days to:	Jidgged and				
Hylton Jack						
IDNR Conta	minated Sites Section Street					
Des Moines	, IA 50319					
DNR FORM (R	EV 9/04)			3		

1. Owner:					
Name:	Robert Trausch	City:	Carroll		State: lowa
Address:	2225 Fairview Heights	Zip:	51401	Phone:	(712) 790-3837
Name:	Carroll Coolers				
Number:	202 W 3rd.	It Can	0(1, ]	CA	
	stern) Location:	/			
1/4 of,	1/4 of,1/4 of, S	ection	, Twp	N, Range	West/East (circle one
	County,	Describe w	vell locatio	n on property:	
3. Descrip	otion:				
Well	depth: 11.6 ft.	Casing mate	rial: steel	, plastie, co	ncrete, clay, brick, stone
Depth to	water: 2-8 ft.				( circle one)
Casing dia	meter: in. Type o	of construction	on: drille	d, driven, be	ored, dug, augered culture un
Penth of a	ecade constructed: <u>oovy</u>	ack 17 if this	e is a Mon	itorina Well	(circle one)
Check ☐ if	Cistern depth:	ft.	diame	ter:	( circle one )  Well ID: SP-7  ft.
	·				
Ceruiy una	well has been plugged as r ovide any additional informa	equired by i	ale 301-3	3.0 OI THE 10446	Administrative Code (IAC). I
•	•		•	-	
Signature	of Owner's Consultant:	market	luduwon	Date Pi	ugged: <u>5/4/20 //</u>
If plugged l	by certified well contractor,	complete th	is box:		
I have plug	ged this well as required by	rule 567-39	9.8 of the	lowa Administi	rative Code (IAC).
Signature	of Contractor:			Cert. N	lo
·····					
	ged by well owner, complete		llowing =	aquiremente i	n rule 567-39.8 of the lowa
	itty owner has plugged it tive Code with the oversight				
Signature of County Agent:Date Approved:					
Jigilature	or county Agent.				Duto Applotod
Eligible for	Grants-to-Counties cost sh	are: 🔲 YES	S NO	(Determined	by County Agent)
Complete	one form for each wall rive	aged end l			
	one form for each well plu in 30 days to:	gged and			
<b>Hylton Jack</b>	son				
IDNR Conta 502 East 9 <sup>th</sup>	minated Sites Section		•		
Des Moines					
DNR FORM (F	REV 9/04)				

1. Owner:						
Name:	Robert Trausch	City: _Ca	arroll	State: lowa		
Address:	2225 Fairview Heights	Zip: 51	Phone:	(712) 790-3837		
***************************************						
Name:	Carroll Coolers					
Number:	202 W 3rd S	t . Carr	oll, IA			
2. Well (Ci	stern) Location:	,	,			
1/4 of,	1/4 of,1/4 of, Se	ction, Tv	vp N, Range	West/East (circle one)		
	County,	Describe well	location on property:			
				,		
3. Descrip	otion:					
		asing material		ncrete, clay, brick, stone		
	water: 4,1 ft.	construction:		( circle one) ored, dug, augered whenowh		
Year or de	meter: <u>f in.</u> Type of ecade constructed: ecuty	2000 J		circle one )		
	Depth of casing: ft. Check ☑ if this is a Monitoring Well Well ID: SP-9					
	Cistern depth:	ft.	diameter:	ft.		
Legrify this	well has been blugged as re			Administrative Code (IAC). I		
	ovide any additional informati					
Signature	of Owner's Consultant:_	Markella	dward Date Pl	ugged: 5/4/2011		
If plugged l	by certified well contractor, c	omplete this b	ox:	,		
	ged this well as required by i			ative Code (IAC).		
Signature of Contractor:Cert. No				lo		
L	·					
	ged by well owner, complete arty owner has plugged th		vina requirements in	n rule 567-39.8 of the lowa		
	tive Code with the oversight					
Signature	of County Agent:	•		Date Approved:		
Eligible for	Grants-to-Counties cost sha	re: YES [	NO (Determined	by County Agent)		
Complete (	one form for each well plug	ned and				
	in 30 days to:	ged and				
Hylton Jack	(son					
IDNR Conta	minated Sites Section			•		
Des Moines	s, IA 50319					
DNR FORM (F	REV 9/04)					

1. Owner:					
Name: Robert Trausch	City: Carroll State: Iowa				
Address: 2225 Fairview Heights	Zip: 51401 Phone: (712) 790-3837				
Name: Carroll Coolers					
Number: 202 W 3rd St	, carroll . IA				
2. Well (Cistern) Location:					
1/4 of,1/4 of,1/4 of, Section	on, Twp N, Range West/East (circle one				
County, Des	scribe well location on property:				
3. Description:					
Well depth: /2-J ft. Casir Depth to water: 3. i ft.	ng material: steel, plastic, concrete, clay, brick, stone ( circle one)				
Casing diameter: in. Type of construction: drilled, driven, bored, dug, augered (unknown)					
Year or decade constructed: 2000 5 (circle one)  Depth of casing: ft. Check ☑ if this is a Monitoring Well Well ID: SP-70  Check ☐ if Cistern depth: ft. diameter: ft.					
	red by rule 567-39.8 of the Iowa Administrative Code (IAC). I the county or department may need concerning this well.				
_					
Signature of Owner's Consultant: M	wh Rludword Date Plugged: \$/4/2011				
If plugged by certified well contractor, comp					
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 lowar					
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	d and				
submit within 30 days to:  Hylton Jackson					
IDNR Contaminated Sites Section					
502 East 9 <sup>th</sup> Street Des Moines, IA 50319					
DNR FORM (REV 9/04)					

1. Owner:		•				
Name:	Robert Trauso	h	City:	Carroll		State: Iowa
Address:	2225 Fairview	Heights	Zip:	51401	Phone:	(712) 790-3837
Name:	Carroll C					
Number:	202 h	r 3rd St	, C	moll	, IA	
	stern) Location		, 			
1/4 of,	1/4 of,	_1/4 of, Secti	on	, Twp	N, Range	West/East (circle one)
		_ County, De	escribe v	vell locatio	n on property:	·
3. Descrip	otion:					
Well	depth: 12-3	ft. Cas	ing mate	erial: steel	, plastic, coi	ncrete, clay, brick, stone
Depth to	water: 3,1	<u>ft.</u>				( circle one)
	meter: 1 ecade construct	in. Type of co	onstructi	on: drille	a, ariven, bo	ored, dug, augered un known
ľ	asing:	ft. Check	⊠ if thi	s is a Mon	itoring Well	(circle one) Well ID: SP-10 W
	Cistern c	lepth:	ft.	diamet	er:	ft
I certify this	well has been n	lugged as regu	ired by	rule 567-3	9.8 of the lowa	Administrative Code (IAC).
						need concerning this well.
Signature	of Owner's C	onsultant: <u>)//</u>	WHR	'Inches	<u>↓</u> Date PI	ugged: 5/4/2011
If plugged L	by certified well	contractor, con	nplete th	is box:		
					lowa Administr	rative Code (IAC).
Signature	of Contracto	r:			Cert. N	lo
	ged by well own			Mowing re	equirements i	n rule 567-39.8 of the lowa
Administrat	ive Code with the	ne oversight an	d assista	ance of the	e designated c	ounty agent.
Signature	of County Ag	rent:		-		Date Approved:
Eligible for	Grants-to-Coun	ties cost share	☐ YE	S 🗆 NO	(Determined	by County Agent)
Complete o	one form for ea	ch well plugge	d and l			•
	in 30 days to:	· · · ·	u anu			
Hylton Jack	son					
1DNR Conta 502 East 9 <sup>th</sup>	minated Sites S Street	BCCION	1			
Des Moines	, IA 50319		<u> </u>			
DNR FORM (R	EV 9/04)					

1. Owner:					
Name:	Robert Trausch	City:	Carroll		State: lowa
Address:	2225 Fairview Heights	Zip:	51401	Phone:	(712) 790-3837
Name:	Carroll Coolers				
Number:	202 W 3rd	St Car	roll	<u>L</u> A	,
	stern) Location:	,	,		
1/4 of, _	1/4 of,1/4 of,	Section	, Twp.	N, Range	West/East (circle one
	County,	Describe w	ell location	on on property:	
					,
3. Descript	tion:				
	depth: /2.5 ft.	Casing mate	rial: stee	I, (plastic, co	ncrete, clay, brick, stone
Depth to v	water: <u>3.7 ft.</u>		6.44		( circle one)
Casing diameter: j in. Type of construction: drilled, driven, bored, dug, augered (white and constructed: 2000) (circle one)					
Depth of casing: ft. Check ⊠ if this is a Monitoring Well Well ID: \$P-13					
	Check ☐ if Cistern depth: ft. diameter: ft.				
l a					•
					A Administrative Code (IAC). I need concerning this well.
	•		-	•	
Signature d	of Owner's Consultan	t: Manh	<u>Undura</u>	Date Pl	lugged: 5/4/2011
If plugged b	y certified well contractor	, complete thi	is box:		
I have plugg	ged this well as required b	y rule 567-39	0.8 of the	Iowa Administr	rative Code (IAC).
Signature	of Contractor:			Cert. N	lo
OP If plugg	and by well owner comple	ata this hav			
	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 lowar				
Administrative Code with the oversight and assistance of the designated county agent.					
Signature	of County Agent:				Date Approved:
Eligible for C	Grants-to-Counties cost s	hare: YES	S □ NO	(Determined	by County Agent)
Complete of	ne form for each well of	ugged and I			
	ne form for each well pl n 30 days to:	uyyeu anu			
Hylton Jacks	son				
IDNR Contant 502 East 9 <sup>th</sup> 9	ninated Sites Section	Ì			
Des Moines,					
DNR FORM (RE					<u></u>

1. Owner:						
Name:	Robert Trausch	City:	Carroll		State: lowa	
Address:	2225 Fairview Heights	Zip:	51401	Phone:	(712) 790-3837	
,						
Name:	Carroll Coolers					
Number:	202 W 3rd St	Carro	U, I	A		
2. Well (Cis	stern) Location:	1				
1/4 of,	1/4 of,1/4 of, Sec	ction	, Twp	_ N, Range	e West/East (c	ircle one)
	County,	Describe v	vell locatio	n on property:		
	·					
3. Descrip	tion:					
	depth: 12-6 ft. Ca	asing mate	rial: steel			one
-	water: <u>4.2 ft.</u>				( 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: 5P-17						
Check if Cistern depth:ft. diameter:ft.						
certify this	well has been plugged as re	nuired by	ule 567-39	9.8 of the lows	Administrative Code (IA	C) I
	vide any additional informati					
Signaturo	of Owner's Consultant:	March O. I.L.	a. Almone	) Data P	lugged: 5/4/2011	
	by certified well contractor, co			Date I	luggeu. 27 1 100 tr	
	ged this well as required by r			owa Administr	rative Code (IAC)	
	of Contractor:					
	or contractor			OBIL. IV		
	ged by well owner, complete					
	The property owner has plugged this well following requirements in rule 567-39.8 of the lowa Administrative Code with the oversight and assistance of the designated county agent.					
Signature of County Agent: Date Approved:						
Eligible for (	Grants-to-Counties cost sha	re: YES	B □ NO	(Determined	by County Agent)	
Complete o	one form for each well plug	ned and l				
	in 30 days to:	you and				
Hylton Jack	son					
IDNR Contain 502 East 9th	minated Sites Section Street					
Des Moines,	, IA 50319					
DNR FORM, (R	EV 9/04)					

1. Owner:						
Name:	Robert Trausch	_ City:	Carroll		State: lowa	
Address:	2225 Fairview Heights	Zip:	51401	Phone:	(712) 790-3837	
Name:	Carroll Coolers					
Number:	202 W 3rd.	1+	Carro	U. IA		
2. Well (Ci	stern) Location:	•		•		
1/4 of,	1/4 of,1/4 of, Section	on	, Twp	N, Rang	e West/East (circle one)	
	County, De	scribe v	vell locatio	n on property:		
3. Descrip	otion:				,	
		ng mate	erial: steel		ncrete, clay, brick, stone	
	water: 3.67 ft.	notruoti	on: drillo		( circle one)	
Vear or de	meter: <u>l</u> in. Type of co	nstructi	on. anne	ia, anven, b	( circle one )	
Depth of d	Depth of casing: ft. Check ☑ if this is a Monitoring Well Well ID: SP-/8					
	Cistern depth:	ft.	diame	ter:		
I aquaidir Almia	well has been plugged as requi			O 9 of the low	- Administrative Code (IAC)	
agree to pro	well has been plugged as requivide any additional information	the cou	inty or der	artment mav	need concerning this well.	
_				_		
Signature	of Owner's Consultant:	Park 12	Mudios	<u>ುಸಿ                                    </u>	lugged: 5/4/2011	
	by certified well contractor, com					
I have plug	ged this well as required by rule	e 567-3	9.8 of the	Iowa Administ	rative Code (IAC).	
Signature	of Contractor:			Cert. N	No	
OR If plug	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 lowar					
Administrat	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:	☐ YE	S □ NO	(Determined	by County Agent)	
Complete	one form for each well plugge	d and i				
	in 30 days to:					
Hylton Jack					-	
IDNR Conta	minated Sites Section					
Des Moines	s, IA 50319					
DNR FORM (F	REV 9/04)					

1. Owner.					•
Name:	Robert Trausch	City:	Carroll		State: Iowa
Address:	2225 Fairview Heights	Zip:	51401	Phone:	(712) 790-3837
r					
Name:	Carroll Coolers				
Number:	202 W 3rd.	T, C	arroll	IA	
2. Well (Ci	stern) Location:	•			
1/4 of,	1/4 of,1/4 of, Sect	ion	, Twp	N, Range	West/East (circle one)
	County, D	escribe w	vell location	on on property:	
3. Descrip	tion:				
	depth: <u>/えい ft.</u> Cas	ing mate	rial: stee	l, (plastic) co	ncrete, clay, brick, stone
Depth to	water: 🦊 🖊 ft.				( circle one)
Casing dia	meter: <u>     (     in.                          </u>	onstruction	on: drille	ed, driven, be	ored, dug, augered whimen
	asing: ft. Checl	√ [X] if this	s is a Mor	nitoring Well	( circle one ) Well ID: SP-19
	Cistern depth:	ft.	diame	ter:	ft.
		<del></del>			
					Administrative Code (IAC).
-	vide any additional information		•		· .
Signature	of Owner's Consultant: <u>//</u>	(while	(lulua	<u>سکو </u> Date Pl	lugged: <u>δ/Υ/2οιι</u>
	y certified well contractor, cor				
I have plug	ged this well as required by ru	le 567-39	9.8 of the	Iowa Administr	rative Code (IAC).
Signature	of Contractor:			Cert. N	lo
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 lowar					
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	S □ NO	(Determined	by County Agent)
Complete o	ne form for each well plugge	ed and l	,		
submit with	n 30 days to:				
Hylton Jack					
502 East 9 <sup>th</sup>	minated Sites Section Street				
Des Moines	IA 50319				
DNR FORM (R	EV 9/04)				

1. Owner:					
Name: Robert Trausch City: Carroll State: Iowa					
Address: 2225 Fairview Heights Zip: 51401 Phone: (712) 790-3837					
Name: Carroll Coolers					
Number: 202 W 3rd St, Carroll, IA &					
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: 15-1 ft. Casing material: steel, plastic, concrete, clay, brick, stone					
Depth to water: 3.98 ft. (circle one)					
Casing diameter: I in. Type of construction: drilled, driven, bored, dug, augered					
Year or decade constructed:  Depth of casing:    In.   Type of construction: drilled, driven, bored, dug, augered (circle one)					
Check ☐ if Cistern depth: ft. diameter: ft.					
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: Machine 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 lowa 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 9 <sup>th</sup> Street					
Des Moines, IA 50319					

### Abandoned Monitoring Well Plugging Record

1. Owner:						
Name:	Robert Trausch	City:	Carroll		State: lowa	
Address:	2225 Fairview Heights	Zip:	51401	Phone:	(712) 790-3837	
Name:	Carroll Coolers	<del>-</del> 0	01	Τ.Α		
Number:	202 W 3rd S	T, G	wroll	, 1 St		
2. Well (Ci	stern) Location:	ion	Two	N Rang	e West/East (circle one)	
				on on property:	·	
	County, D	escine W	en iocau	on property.	,	
3. Descrip	——————————————————————————————————————					
		sing mate	rial: stee	I, (plastic,) co	ncrete, clay, brick, stone	
	water: 6.22 ft.	_			( circle one)	
			on: drille		ored, dug, augered (unlen su	
	Year or decade constructed: 2000 S (circle one)  Depth of casing: ft. Check ☑ if this is a Monitoring Well Well ID: SP-21  Check ☐ if Cistern depth: ft. diameter: ft.					
	Cistern depth:	ft.	diame	ter:	ft.	
agree to pro		uired by r n the cou	ule 567-3 nty or dep	partment may	<u> </u>	
	by certified well contractor, col			<u> </u>	.uggsu	
	ged this well as required by ru			Iowa Administ	rative Code (IAC).	
Signature	of Contractor:		,	Cert. N	lo	
OR, If plug	ged by well owner, complete t	his box:				
	The property owner has plugged this well following requirements in rule 567-39.8 of the lowar					
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)						
	one form for each well plugg			<del></del>		
submit with	in 30 days to:					
Hylton Jack IDNR Conta	son Iminated Sites Section			·		
502 East 9 <sup>th</sup> Des Moines	minated Sites Section Street LA 50319					

DNR FORM (REV 9/04)

1. Owner:						
Name: Robert Trausch	City: Carroll State: lowa					
Address: 2225 Fairview Heights	Zip: 51401 Phone: (712) 790-3837					
Name: Carroll Coolers						
Number: 202 W 3rd St	-, Campoll, IA					
2. Well (Cistern) Location:						
1/4 of,1/4 of,1/4 of, Section, Twp N, Range West/East (circle one)						
County, Des	scribe well location on property:					
·						
3. Description:						
	ng material: steel, (plastic,) concrete, clay, brick, stone					
Depth to water: 4.7/ ft.	( circle one)					
Casing diameter:						
Year or decade constructed: 2007  Depth of casing: ft Check	( circle one )					
Depth of casing: ft. Check ⊠ if this is a Monitoring Well Well ID: SP-50  Check □ if Cistern depth: ft. diameter: ft.						
I certify this well has been plugged as requir agree to provide any additional information t	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: ///w	Milludrood Date Plugged: 5/Y/2011					
If plugged by certified well contractor, comp						
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 lowa 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:						
Complete one form for each well plugged submit within 30 days to:	and					
Hylton Jackson						
IDNR Contaminated Sites Section						
502 East 9 <sup>th</sup> Street Des Moines, IA 50319						
DNR FORM (REV 9/04)						

1. Owner:						
Name:	Robert Trausch	City:	Carroll		State: lowa	
Address:	2225 Fairview Heights	Zip:	51401	Phone:	(712) 790-3837	
Name:	Carroll Coolers					
Number:	202 W 3rd S	t, Con	roll	, IH		
2. Well (Cistern) Location:						
1/4 of,	1/4 of,1/4 of, Sec		_		<del></del>	
County, Describe well location on property:						
3. Description:						
Well depth: 10.7 ft. Casing material: steel, plastic concrete, clay, brick, stone						
Depth to water: 297 ft. (circle one)						
Casing diameter:						
Depth of casing: ft. Check ⊠ if this is a Monitoring Well Well ID: S\$\textit{\theta} \cdot \S\$\text{\theta} \cdot						
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 Klinkwood 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	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 lowar						
Administrative Code with the oversight and assistance of the designated county agent.						
Signature of County Agent:					Date Approved:	
<u> </u>	······································					
Eligible for Grants-to-Countles cost share:   YES   NO (Determined by County Agent)						
Complete one form for each well plugged and						
submit within 30 days to:						
Hylton Jack						
IDNR Contaminated Sites Section 502 East 9 <sup>th</sup> Street						
Des Moines	, IA 50319					
DNR FORM (R	REV 9/04)				· ————————————————————————————————————	