



The CON 12-15
CON 12-15
Doc # 2743
Seneca Environmental Services
Des Moines • Bettendorf

Well Plugging Documentation

Former Thermogas Facility
IA Hwy. 12
Akron, Iowa

Seneca Job #: 6270002

Submittal of Well Abandonment Forms for at the former Thermogas Facility located in Akron, IA.

Please find enclosed six (6) monitoring well abandonment records for the above referenced site. All known wells at this site have been plugged. As requested by the IDNR, please sign each record as the owner.

Submittal of these forms and the legal description is required to obtain a no further action certificate for the site listed above.



2743

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc City: Inver Grove Heights State: MN
Address: 5500 Cenex Dr. Zip: 55077 Phone: (651) 355-6343

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 93 N, Range 48 West East (circle one)
Plymouth County, Describe well location on property: See Site
Plan For MW-1 Location

3. Description:

Well depth: 25.23 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 18.83 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Yr. or decade constrd.: 1990 (circle one)
Depth of casing: 10 ft. Check ☒ if this is a Monitoring Well Well I.D.: MW-1
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: 3/8/05

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 5222

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: CHS Inc City: Inver Grove Heights State: MN
Address: 5500 Cenex Dr. Zip: 55077 Phone: (651) 355-6343

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 93 N, Range 48 (West/East(circle one))
Plymouth County, Describe well location on property: See Site
Plan For MW-2 Location

3. Description:

Well depth: 24.61 ft. Casing material: steel, plastic concrete, clay, brick, stone
(circle one)
Depth to water: 1220 ft.
Casing diameter: 2 in. Type of construction: drilled driven, bored, dug, augered
(circle one)
Yr. or decade constrd.: 1990s
Depth of casing: 10 ft. Check ☒ if this is a Monitoring Well Well I D.: MW-2

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: 3/8/05

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 5222

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>CHS Inc</u>	City: <u>Inver Grove Heights</u>	State: <u>MN</u>
Address: <u>5500 Cenex Dr.</u>	Zip: <u>55077</u>	Phone: <u>(651) 355-6343</u>

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 93 N, Range 48 West East (circle one)
Plymouth County, Describe well location on property: See Site
Plan For MW-1 Location

3. Description:

Well depth: <u>25.23</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>18.83</u> ft.	Type of construction: <u>drilled</u> , driven, bored, dug, augered (circle one)
Casing diameter: <u>2</u> in.	
Yr. or decade constrd.: <u>1990s</u>	
Depth of casing: <u>10</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-1</u>

Check ☐ if Cistern depth: _____ ft. diameter: _____ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: [Signature] Date Plugged: 3/8/05

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 5222

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>CHS Inc</u>	City: <u>Inver Grove Heights</u>	State: <u>MN</u>
Address: <u>5500 Cenex Dr.</u>	Zip: <u>55077</u>	Phone: <u>(651) 355-6343</u>

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 93 N, Range 48 (West/East(circle one)
Plymouth County, Describe well location on property: See Site Plan
For MW-4 Location

3. Description:

Well depth: <u>25.26</u> ft.	Casing material: steel, <u>plastic</u> (circle one) concrete, clay, brick, stone
Depth to water: <u>18.58</u> ft.	(circle one)
Casing diameter: <u>2</u> in.	Type of construction: <u>drilled</u> (circle one) driven, bored, dug, augered
Yr. or decade constrd.: <u>1990s</u>	(circle one)
Depth of casing: <u>10</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-4</u>
Check <input type="checkbox"/> if Cistern depth: _____ ft. diameter: _____ ft.	

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: [Signature] Date Plugged: 3/8/05

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 5222

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>CHS Inc</u>	City: <u>Inver Grove Heights</u>	State: <u>MN</u>
Address: <u>5500 Cerex Dr.</u>	Zip: <u>55077</u>	Phone: <u>(651) 355-6343</u>

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 93 N, Range 48 West East (circle one)
Plymouth County, Describe well location on property: See E.T. Plan
For MW-5 Location

3. Description:

Well depth: <u>33.0</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>20.9</u> ft.	Type of construction: <u>drilled</u> driven, bored, dug, augered (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>2000</u>
Depth of casing: <u>10</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-5</u>
Check <input type="checkbox"/> if Cistern depth: _____ ft. diameter: _____ ft.	

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.
Signature of Owner: [Signature] Date Plugged: 3/8/05

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 5222

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: CHS Inc City: Inver Grove Heights State: MN
Address: 5500 Cerex Dr. Zip: 55077 Phone: (651) 355-6343

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 93 N, Range 48 West East (circle one)
Plymouth County, Describe well location on property: See Site
Plan For MW-6 Location

3. Description:

Well depth: 342.1 ft. Casing material: steel, plastic concrete, clay, brick, stone
(circle one)
Depth to water: 21.1 ft.
Casing diameter: 2 in. Type of construction: drilled driven, bored, dug, augered
(circle one)
Yr. or decade constrd.: 2000
Depth of casing: 10 ft. Check ☒ if this is a Monitoring Well Well I.D.: MW-6

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: 3/8/05

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert No. 5222

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc City: Inver Grove Heights State: MN
Address: 5500 Cerex Dr. Zip: 55077 Phone: (651) 355-6343

2. Well (Cistern) Location:

SE 1/4 of, SE 1/4 of, SW 1/4 of, Section 1, Twp. 93 N, Range 48 West East (circle one)
Plymouth County, Describe well location on property: See Site
Plan For MW-7 Location

3. Description:

Well depth: 31.73 ft. Casing material: steel, plastic concrete, clay, brick, stone
(circle one)
Depth to water: 21.21 ft. Type of construction: drilled driven, bored, dug, augered
(circle one)
Casing diameter: 2 in. Yr. or decade constrd.: 2000
Depth of casing: 10 ft. Check ☒ if this is a Monitoring Well Well I.D.: MW-7
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: 3/18/05

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).
Signature of Contractor: [Signature] Cert. No. 5222

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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