CON

CON 12-15

Doc # 2743





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.



Abandoned Water Well **Plugging Record**

1. Owner:		
Name: CHS InC City: Inver Grove Heightstate: MN		
Address: 55 00 (enex)c. Zip: 55 077 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)		
Ply Mouth County, Describe well location on property: Sur S:t		
Plan For Mw-1 Location		
3. Description:		
Well depth: 25.23 ft. Depth to water: 18.23 ft. Casing material: steel, plastic, concrete, clay, brick, stone (circle one) Casing diameter: 2 in. Yr. or decade constrd.: 14401 Casing material: steel, plastic, concrete, clay, brick, stone (circle one)		
Depth of casing: 10 ft. Check if this is a Monitoring Well Well I D.: Ww-1		
Check if Cistern depth: ft. diameter: ft.		
Icerbly this well has been plugged as required by rule 567-598 of the lowe Administrative Code (FAC). If agree to provide any artistropal apprination, the country or department may need concerning this well.		
Signature of Owner 2 4 4 4 2 Date: Plugged 3 2 4 3 3		
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: Landy omy 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: 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		
DNR FORM (REV 12/95) 542-1226		

1. Owner:		
Name: CHS Inc City: Inver Grove Height State: MN		
Address: 55 00 Conex Dr. Zip: 55 077 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)		
Ply Mouth County, Describe well location on property: Sau Site		
Plan For Mw-z Location		
3. Description:		
Well depth: 24.61 ft. Casing material: steel, plastic concrete, clay, brick, stone Depth to water: 1220 ft. Casing diameter: 2 in. Yr. or decade construct: 1998 Depth of casing: 10 ft. Check I if this is a Monitoring Well Well I D.: Ww-2		
Check if Cistern depth: ft. diameter: ft.		
Receptive this well has been plugged as required by rule 567.39 & of the love Administrative Code (FAC). Lagree to provide any authorization and country of departments may need (soncerning this well.		
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: frusty L. Lorse 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		

1. Owner:			
Name: CHS InC City: In	ver Grove Heightstate: MN		
	277 Phone: (১১) 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)			
Ply Mouth County, Describe well location on property: Sur S:t			
Plus For MW-1 Location			
3. Description:			
Depth to water: 18.63 ft. Casing diameter: 2 in. Yr. or decade construction: 19601	el, plastio, concrete, clay, brick, stone (circle one) (circle one) (circle one) Monitoring Well Well I D.:		
Check if Cistern depth: ft. diam	eter: ft.		
, – ,			
If plugged by certified well contractor, complete this box: I have plugged this well as required by rule 567-39 8 of the second	he Jawa Administrative Code (IAC)		
I have plugged this well as required by rule 567-39.8 of the Idwa Administrative Code (IAC). Signature of Contractor: 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			
	only if no county agent is available, to:		
Depar 900 E	r Supply Section rtment of Natural Resources ast Grand Avenue foines, IA 50319-0034		

1. Owner:		
Name: CHS InC City:	Inver Grove Heightsstate: MN	
	55 077 Phone: (ట్) 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)	
Ply Mouth County, Describe well location on property: Sur 4: t. Plan		
For Mw. 4 Location		
3. Description:		
Depth to water: 18,58ft. Casing diameter: 2 in. Type of constructions of the construction of the construc	al: steel, plastic concrete, clay, brick, stone (circle one) ruction: drilled driven, bored, dug, augered (circle one) his is a Monitoring Well Well I D.:	
Check if Cistern depth: ft.	diameter: ft.	
Escrety this well has been plugged as required by rule 56% 39 8/of the lowa Administrative Gode (EAC). It agree to provide any additional information, the county or department may need concerning this well. Signature of Owner Advanced Language Signature of Owner Advanced Complete this box:		
I have plugged this well as required by rule 567-3	. 1	
Signature of Contractor:	Cert. No. 5 2 2 2	
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	1	
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	
DNR FORM (REV 12/95)	542-1226	

Abandoned Water Well Plugging Record

1. Owner:	·	
Name: CHS THC City:	Inver Grove HeightsState: MN	
· · · · · · · · · · · · · · · · · · ·	55 077 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)		
Ply Mouth County, Describe well location on property: See E. + Plan		
For MW-5 Location		
3. Description:		
Well depth: 33.0 ft. Casing material: steel, plastic, concrete, clay, brick, stone Depth to water: 20.9 ft. Casing diameter: 2 in. Yr. or decade constrd.: 2000 Depth of casing: 10 ft. Check 1 if this is a Monitoring Well Well I D.: 1000		
Check if Cistern depth: ft.	diameter: ft.	
I certify this well has been plugged as required by rule 567-798 of the lowa-Administrative Code (FAC)—I agree Composite any additional automation, the county or department may need concerning this well. Signature of Owner 1677 200 200 200 200 200 200 200 200 200 2		
If plugged by certified well contractor, complete this		
I have plugged this well as required by rule 567-3	· /	
Signature of Contractor:	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: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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	
DNR FORM (REV 12/95)	542-1226	

1. Owner:		
Name: CHS TuC City	: Inver Grove Heightstate: MN	
	55 077 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)		
Ply Mouth County, Describe v	well location on property: See 5. te	
Plan For Mw-6 Loc	sation	
3. Description:		
Depth to water: 21.1 ft. Casing diameter: 1 in. Type of const Yr. or decade constrd.: 2000	ruction: deiled driven, bored, dug, augered (circle one) his is a Monitoring Well Well I D.:	
Check if Cistern depth: ft.	diameter: ft.	
Acceptiviths well has been plugged as required by (FAC). Leagues to provide any additional and concerning this well. No. Signature of Owner.		
If plugged by certified well contractor, complete this		
I have plugged this well as required by rule 567-3		
Signature of Contractor:	Cert. No. 3222	
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	
DNR FORM (REV 12/95)	542-1226	

1. Owner:		
Name: CHS InC City:	Inver Grove Heightstate: MN	
_	55 077 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)		
Ply Mouth County, Describe w	rell location on property: Sau S. t.	
Plan For MW-7 Loca	tres	
3. Description:		
Well depth: 31.73 ft. Depth to water: 21.71 ft. Casing diameter: 2 in. Yr. or decade constrd.: 2 oc. Depth of casing: 10 ft. Check 7 if this is a Monitoring Well Well I D.: 10 oc.		
Check if Cistern depth: ft.	diameter: ft.	
Icernfy this well has been plugged as required by (FAC) is agreed to sprovide any additional info concerning this well. Signature of Owner	omation the county or department snay need	
If plugged by certified well contractor, complete this leave plugged this well as required by rule 567-3		
Signature of Contractor: Fristy Cert. No. 5227		
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: 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	
DNR FORM (REV 12/95)	542-1226	

