



CON 12-15

Doc # 2745

Seneca Environmental Services

Des Moines • Bettendorf

Well Plugging Documentation

**Former Thermogas Facility
Lewis Access Road
Center Point, Iowa**

Seneca Job #: 6270502

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

Please find enclosed three (3) monitoring well abandonment records for the above referenced site. All known wells have been plugged at this site. 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.

2745

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:

NW 1/4 of, SW 1/4 of, NW 1/4 of Section 15, Twp. 35 N, Range 08 West East (circle one)
Linn County, Describe well location on property: See Site
Plan For MW-1 Location

3. Description:

Well depth: 18.12 ft. Casing material: steel, plastic, concrete, clay, brick, stone
(circle one)
Depth to water: 14.11 ft. Type of construction: drilled, driven, bored, dug, augered
(circle one)
Casing diameter: 2 in. Yr. or decade constrd.: 2003
Depth of casing: 261 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: 4/4/05

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: Tower Grove Heights State: MN
Address: 5500 Cenex Dr. Zip: 55077 Phone: (651) 355-6343

2. Well (Cistern) Location:

NW 1/4 of, SW 1/4 of, NW 1/4 of Section 15, Twp. 85 N, Range 08 West East (circle one)
Linn County, Describe well location on property: See Site
Plan For MW-2 Location

3. Description:

Well depth: 10.55 ft. Casing material: steel, plastic, concrete, clay, brick, stone
(circle one)
Depth to water: 13.50 ft. Type of construction: drilled, driven, bored, dug, augered
(circle one)
Casing diameter: 2 in.
Yr. or decade constrd.: 2003
Depth of casing: Total 16.5 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: 4/2/05

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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