



CON 12-15

Doc # 2749

Ther
Seneca Environmental Services

Des Moines • Bettendorf

Well Plugging Documentation

**Former Thermogas Facility
Highway 34 East
Preston, Iowa**

Seneca Job #: 6272002

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

2749

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: CIS 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, NW 1/4 of, SE 1/4 of, Section 28, Twp. A4 N, Range 05 West (circle one)
JACKSON County, Describe well location on property: See S to
Plan For MW-1 Location (mw-01)

3. Description:

Well depth: 25.26 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 18.48 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled driven, bored, dug, augered
Yr. or decade constrd.: 1996 (circle one)
Depth of casing: Total 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: 4/8/05

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: C&S 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, NW 1/4 of, SE 1/4 of, Section 28, Twp. A4 N, Range 05 West (circle one)
JACKSON County, Describe well location on property: See Site
Plan For MW-2 Location (mw-02)

3. Description:

Well depth: 25.38 ft Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 18.35 ft (circle one)
Casing diameter: 2 in Type of construction: drilled driven, bored, dug, augered
Yr. or decade constrd.: 1996 (circle one)
Depth of casing: 26.10 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: 4/8/05

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: CIS 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, NW 1/4 of, SE 1/4 of, Section 28, Twp. A4 N, Range 05 West (East (circle one))
JACKSON County, Describe well location on property: See Site
Plan For MW-3 Location (MW-03)

3. Description:

Well depth: 23.17 ft. Casing material: steel, plastic, concrete, clay, brick, stone
(circle one)
Depth to water: 18.20 ft. Type of construction: drilled driven, bored, dug, augered
(circle one)
Casing diameter: 2 in.
Yr. or decade constrd.: 1996
Depth of casing: 23.17 ft. Check ☒ if this is a Monitoring Well Well I.D.: MW-3

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: 4/8/05

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

