

CON 12-15
Doc # 27579

Date: 10-1-12

To: Washington County Environmental Health Dept.
Orchard Hill Complex Bldg. #2
PO Box 889 – 2175 Lexington Blvd.
Washington, Iowa 52353

Re: Land O' Lakes Ainsworth Annual Site Monitoring

Job No.: 07117046

We are transmitting herewith under separate cover

Item	Date	Description
1		IDNR Abandoned Water Well Plugging Records

Remarks:

Enclosed are the IDNR Abandoned Water Well Plugging Records for the above project. Please contact us if you have any questions.

Terracon

By: Scott Adner, Project Manager

Cc: Hylton Jackson, IDNR Contaminates Sites Section

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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Land O' Lakes Phone: 651-481-2744
 Address: P.O. Box 64101
 City: St. Paul State: Minnesota Zip: 55164-0101

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 20, T 75 N, R 6 East West
 County: Washington Describe well location on property: LUST No. 8LT164
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 11.47 ft
 Depth to water: 6.15 ft
 Casing depth: 11.47 ft Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2.0 in.
 Year or decade constructed: 1999 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW-11

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: 8/23/12

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: 6494

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 (IAC) 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:

Washington County Environmental Health Dept. Orchard Hill Complex Bldg. #2 PO Box 889 - 2175 Lexington Blvd Washington, IA 52353	Hylon Jackson IOWA Contaminated Sites Section 502 East 6th St. Des Moines, IA 50319
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Land O' Lakes Phone: 651-481-2744
 Address: P.O. Box 64101
 City: St. Paul State: Minnesota Zip: 55164-0101

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 20, T 75 N, R 6 East West
 County: Washington Describe well location on property: LUST No. 8LT164
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 11.88 ft
 Depth to water: 6.25 ft
 Casing depth: 11.88 ft Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2.0 in.
 Year or decade constructed: 1999 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW-8

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: 8/23/12

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: 6494

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 (IAC) 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:

Washington County Environmental Health Dept. Orchard Hill Complex Bldg. #2 PO Box 889 - 2175 Lexington Blvd Washington, IA 52353	Hylton Jackson IDNR Contaminates Sites Section 502 East 9th St. Des Moines, IA 50319
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Land O' Lakes Phone: 651-481-2744
 Address: P.O. Box 64101
 City: St. Paul State: Minnesota Zip: 55164-0101

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 20, T 75, N, R 6 East West
 County: Washington Describe well location on property: LUST No. 8LT164
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 17.75 ft
 Depth to water: 13.8 ft
 Casing depth: 17.75 ft Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2.0 in.
 Year or decade constructed: 1999 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW-23

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: 8/23/12

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: 6494

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 (IAC) 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:

Washington County Environmental Health Dept. Orchard Hill Complex Bldg. #2 PO Box 889 - 2175 Lexington Blvd Washington, IA 52353	Mylon Jackson IDNR Contaminated Sites Section 502 East 9th St. Des Moines, IA 50319
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Land O' Lakes Phone: 651-481-2744
 Address: P.O. Box 64101
 City: St. Paul State: Minnesota Zip: 55164-0101

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE 1/4 of, NE 1/4 of, NW 1/4 of, Section 20, T 75, N, R 6 East West
 County: Washington Describe well location on property: LUST No. 8LT164
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 17.84 ft
 Depth to water: 6.83 ft
 Casing depth: 17.84 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2.0 in.
 Year or decade constructed: 1999 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW-17R

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: 9/23/12

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: 6494

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 (IAC) 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:

Washington County Environmental Health Dept. Orchard Hill Complex Bldg. #2 PO Box 889 - 2175 Lexington Blvd Washington, IA 52352	Phyllon Jackson IDNR Contaminates Sites Section 602 East 9th St. Des Moines, IA 50319
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Land O' Lakes Phone: 651-481-2744
 Address: P.O. Box 64101
 City: St. Paul State: Minnesota Zip: 55164-0101

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 20, T 75 N, R 6 East West
 County: Washington Describe well location on property: LUST No. 8LT164
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 17.87 ft
 Depth to water: 10.00 ft
 Casing depth: 17.87 ft Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2.0 in.
 Year or decade constructed: 1999 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW-22

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: 8/23/12

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: 6494

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 (IAC) 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:

Washington County Environmental Health Dept. Orchard Hill Complex Bldg. #2 PO Box 869 - 2175 Lexington Blvd Washington, IA 52353	Hylien Jackson (DNR) Contaminates Sites Section 502 East 9th St. Des Moines, IA 50319
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Land O' Lakes Phone: 651-481-2744
 Address: P.O. Box 64101
 City: St. Paul State: Minnesota Zip: 55164-0101

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 20, T 75 N, R 6 East West
 County: Washington Describe well location on property: LUST No. 8LT164
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 19.96 ft.
 Depth to water: 8.05 ft.
 Casing depth: 19.96 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2.0 in.
 Year or decade constructed: 1999 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW-14R

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: 8/23/12

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: 6494

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 (IAC) 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:

Washington County Environmental Health Dept.
 Orchard Hill Complex Bldg. #2
 PO Box 999 - 2179 Lexington Blvd
 Washington, IA 52353

Hylton Jackson
 IDNR Contaminates Sites Section
 502 East 9th St.
 Des Moines, IA 50319



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Land O' Lakes Phone: 651-481-2744
 Address: P.O. Box 64101
 City: St. Paul State: Minnesota Zip: 55164-0101

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE $\frac{1}{4}$ of NE $\frac{1}{4}$ of NW $\frac{1}{4}$ of Section 20, T 75 N, R 6 East West
 County: Washington Describe well location on property: LUST No. 8LT164
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 17.95 ft.
 Depth to water: 10.34 ft.
 Casing depth: 17.95 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2.0 in.
 Year or decade constructed: 1999 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW-24

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: 8/23/12

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: 6494

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 (IAC) 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:

Washington County Environmental Health Dept.
 Orchard Hill Complex Bldg. #2
 PO Box 886 - 2175 Lexington Blvd
 Washington, IA 52353

Hyllon Jackson
 IDNR Contaminates Sites Section
 502 East 9th St.
 Des Moines, IA 50319



IOWA DEPARTMENT OF NATURAL RESOURCES
Abandoned Water Well
Plugging Record

1. Owner:

Name: Land O' Lakes Phone: 651-481-2744
Address: P.O. Box 64101
City: St. Paul State: Minnesota Zip: 55164-0101

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE $\frac{1}{4}$ of, NE $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 20, T 75, N, R 6 East: West
County: Washington Describe well location on property: LUST No. 8LT164
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 15.10 ft
Depth to water: 10.12 ft
Casing depth: 15.10 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2.0 in.
Year or decade constructed: 1999 Type of Construction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: MW-12

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: 8/23/12

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: 6494

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 (IAC) 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:

Washington County Environmental Health Dept.
Orchard (an Complex Bldg. #2
PO Box 889 - 2175 Lexington Blvd
Washington, IA 52353

Hylon Jackson
IDNR Contaminates Sites Section
502 East 9th St.
Des Moines, IA 50319