



CORPORATE HEADQUARTERS • DES MOINES, IOWA

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The Complete Solution

August 15, 2014

Ms. Tami S. Quam
Iowa Department of Natural Resources
Leaking Underground Storage Tank Section
Wallace State Office Building
502 East 9th Street
Des Moines, Iowa 50319

CON 12-15
Doc #29701

RE: NFA CERTIFICATE REQUEST – FORMER THERMOGAS FACILITY, 14828 N. CASCADE RD., DUBUQUE, IA

Ms. Quam:

Seneca Environmental Services is pleased to submit the Well Closure Documentation for the above referenced site. The Iowa Department of Natural Resources (IDNR) assigned a No Action Required (NAR) classification in a letter dated May 23, 2014. Enclosed are the four (4) monitoring well abandonment records completed on August 7, 2014 in accordance with Iowa Administrative Code (IAC) 567 – 39.8.

Submittal of these forms is required to obtain a No Further Action (NFA) certificate. At this time, Seneca and CHS Inc. are requesting that a No Further Action (NFA) certificate be released for the Former Thermogas Facility, Dubuque, IA.

If you have any questions regarding this report, please contact me at 515-261-7750 or jcarpenter@senecaco.com.

Sincerely,
Seneca Environmental Services

Jenny Carpenter
Project Manager, CGWP# 2057

Enclosed: Four (4) Well Closure Forms, Site Plan Map

6/25/14 1:15 PM

cc: File: 6270912

Branch Locations

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IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well Plugging Record

1. Owner:

Name: CHS Inc. Phone: 651-355-6343
Address: PO Box 64089, MS 625
City: St. Paul State: MN Zip: 55164

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

NE 1/4 of, NW 1/4 of, SW 1/4 of, Section 7, T 88 N, R 02 East West
County: Dubuque Describe well location on property: Located north east of building
GPS Well Location: Latitude: 42.4455 Longitude: -90.7783

3. Well Description:

Well depth: 25 ft
Depth to water: Dry ft.
Casing depth: 25 Casing Material: Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.
Year or decade constructed: 2003 Type of Construction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: MW1

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: Todd A. King Date Plugged: 8/7/2014

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: Cert No: 7660

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:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th St Ste M
Des Moines IA 50309-4611



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

1. Owner:

Name: CHS Inc. Phone: 651-355-6343
 Address: PO Box 64089, MS 625
 City: St. Paul State: MN Zip: 55164

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE ¼ of, NW ¼ of, SW ¼ of, Section 7, T 88 N, R 02 East West
 County: Dubuque Describe well location on property: Located south west of building
 GPS Well Location: Latitude: 42.4455 Longitude: -90.7783

3. Well Description:

Well depth: 92 ft
 Depth to water: 79.11 ft
 Casing depth: 92 ft Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2006 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW1a

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 Todd Kury Date Plugged: 8/7/2014

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: Edward [Signature] Cert No: 7660

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:

	Water Supply Section Iowa Department of Natural Resources 401 SW 7th St Ste M Des Moines IA 50309-4611
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: CHS Inc. Phone: 651-355-6343
 Address: PO Box 64089, MS 625
 City: St. Paul State: MN Zip: 55164

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE ¼ of, NW ¼ of, SW ¼ of, Section 7, T 88 N, R 02 East West
 County: Dubuque Describe well location on property: Located north east of building
 GPS Well Location: Latitude: 42.4457 Longitude: -90.7780

3. Well Description:

Well depth: 114 ft
 Depth to water: 77.24 ft
 Casing depth: 114 ft Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2005 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW2a

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: 8/7/2014

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: 7660

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:

	Water Supply Section Iowa Department of Natural Resources 401 SW 7th St Ste M Des Moines IA 50309-4611
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: CHS Inc. Phone: 651-355-6343
 Address: PO Box 64089, MS 625
 City: St. Paul State: MN Zip: 55164

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NE ¼ of, NW ¼ of, SW ¼ of, Section 7, T 88 N, R 02 East West
 County: Dubuque Describe well location on property: Located north east of building
 GPS Well Location: Latitude: 42.4462 Longitude: -90.7781

3. Well Description:

Well depth: 97 ft
 Depth to water: 78.41 ft
 Casing depth: 97 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2006 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW3a

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 Date Plugged: 8/7/2014

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: Cert No: 7660

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:

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