

16 January 2015

Mr. Matt Culp
Iowa Department of Natural Resources
Wallace State Office Building
502 East 9th Street
Des Moines, Iowa 50319

Subject: Monitoring Well Abandonment and Site Closure Report
Feeder's Supply, BNSF Lease Property 580,183
Iowa Department of Natural Resources Site #671
BNSF Railway Company, Greenfield, Iowa
K/J 1449049*00

Dear Mr. Culp:

On behalf of BNSF Railway Company (BNSF), Kennedy/Jenks Consultants is pleased to submit this monitoring well abandonment and site closure report for the BNSF Lease Property 580,183, formerly Feeder's Supply, in Greenfield, Iowa (site).

Site Location

The site is approximately 2 acres (roughly 450 feet by 200 feet) and is located southeast of the intersection of SW 2nd Street and SW Townline Road in the City of Greenfield, Adair County, Iowa. The property is in the SW ¼ of the NW ¼ of Section 19, Township 75 North, and Range 31 West.

Geology

Surface soil consists of dark brown silty clay with some sand, fill, and organic material. Below the surface soil (1 foot thick) lies native light brown to greenish grey silty clays and sands to a depth of at least 24 feet below ground surface (bgs). Below 24 feet bgs, intermittent gravel lenses were observed with gravel up to 1-inch in size. Regionally, the site is part of the Southern Iowa Drift Plain, which contains fluvial deposits accumulated during the Pennsylvanian Period (EMR 2000).

Abandonment Activities

Prior to field work, Iowa One-Call (811) was contacted to locate underground utilities in the area.

On 11 December 2014, 22 wells (MW-1, MW-2, MW-3, MW-4, MW-5, MW-6, MW-7, MW-7D, MW-8, MW-9, MW-10, MW-11, MW-12, MW-13, MW-14, MW-15, MW-16, MW-17, MW-18, EW-1, MP-1, and MP-2) were abandoned per regulations of the State of Iowa, including concrete pads and surface completions.

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With the exception of well EW-1, monitoring wells were constructed of 2-inch polyvinyl chloride (PVC) and ranged from 10 feet bgs to 60 feet bgs. Well EW-1 was constructed of 4-inch PVC and was 23 feet bgs. Twenty wells were completed above ground (approximately 3 feet) and two wells were completed below ground. Table 1 (attached) provides a summary of monitoring well location and construction information.

Monitoring well locations are presented on Figure 1 (attached). Following the abandonment of the wells, abandoned water well plugging records [Iowa Department of Natural Resources (IDNR) Form 542-1226] were submitted to the IDNR Water Supply Section and are included in Attachment A.

As per the IDNR letter dated 4 September 2014, no further monitoring or sampling is planned.

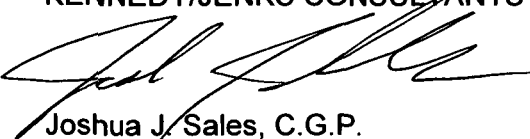
References

EMR Incorporated, *Initial Site Investigation Report*, BNSF Leased Property-Feeder's Supply, Inc., 25 August 2000.

Please contact us at (913) 643-4944 if you have questions or need additional information.

Very truly yours,

KENNEDY/JENKS CONSULTANTS



Joshua J. Sales, C.G.P.
Sr. Project Manager

Attachments: Table 1 – Monitoring Well Construction Details
Figure 1 – Site Map
Attachment A – IDNR Abandoned Water Well Plugging Records (IDNR Form 542-1226)

cc: Chris Fitzgerald, BNSF Railway Company

Table

TABLE 1

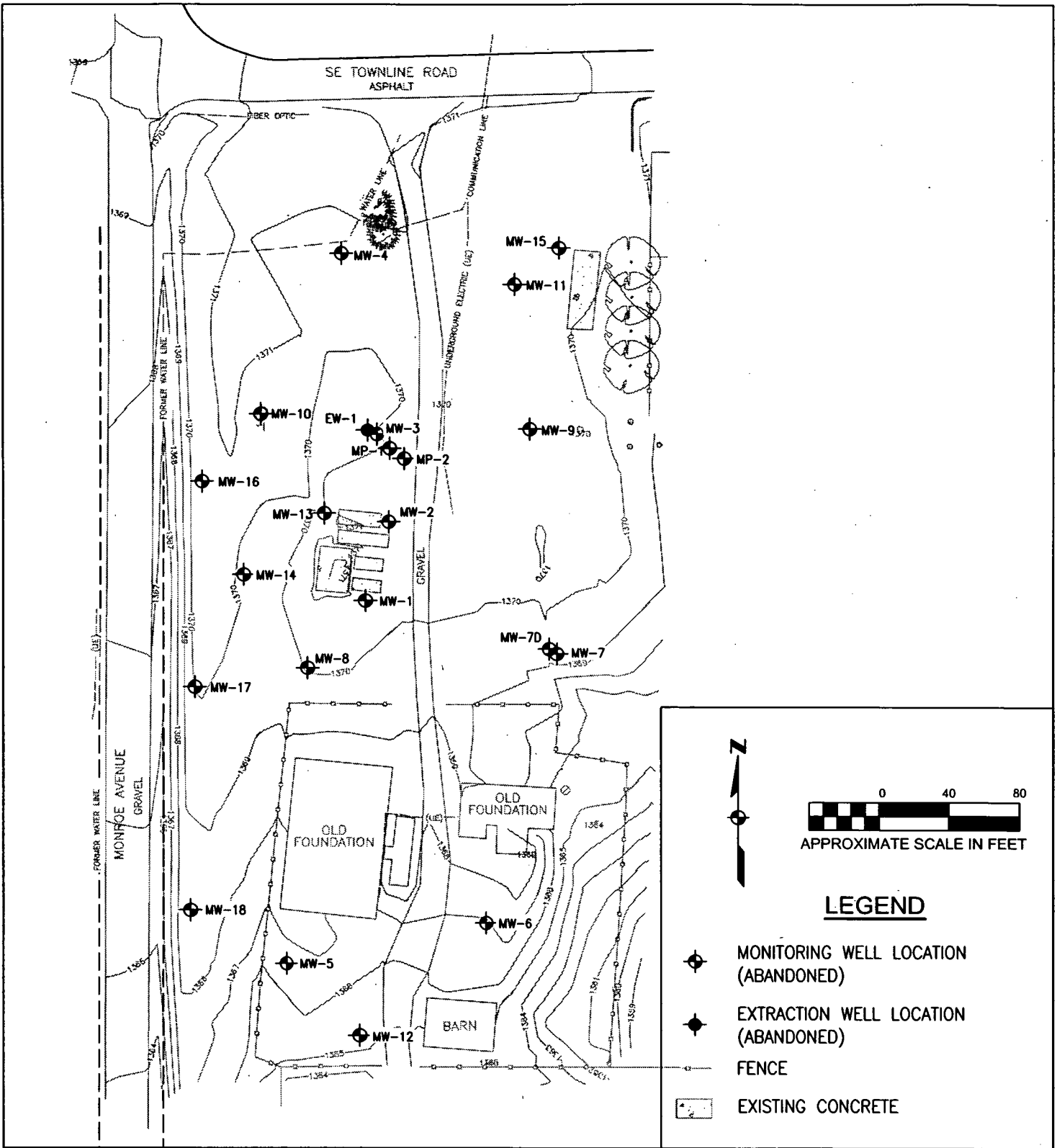
MONITORING WELL CONSTRUCTION DETAILS
Feeder's Supply, BNSF Lease Property 580,183
Greenfield, Iowa

WELLS	Monitoring Well Coordinates				Top of Casing Elevation (ft msl)	Constructed Depth (ft bgs)	Well Diameter (inches)	Well Material	Well Completion	Status
	NAV Iowa South (FT)		GPS							
	Northing (Y)	Easting (X)	Latitude	Longitude						
MW-1	472776.601	1375993.557	41.2936359°	-094.4622895°	1,370.45	20	2	PVC	Flush Mount*	Abandoned
MW-2	472822.205	1376006.692	41.2937614°	-094.4622435°	1,373.17	15	2	PVC	Above Ground	Abandoned
MW-3	472872.78	1375999.981	41.2939000°	-094.4622700°	1,372.40	20	2	PVC	Above Ground	Abandoned
MW-4	472977.053	1375980.124	41.2941856°	-094.4623464°	1,372.93	15	2	PVC	Above Ground	Abandoned
MW-5	472566.244	1375948.655	41.2930572°	-094.4624444°	1,369.06	15	2	PVC	Above Ground	Abandoned
MW-6	472589.759	1376061.754	41.2931252°	-094.4620338°	1,369.23	10	2	PVC	Above Ground	Abandoned
MW-7	472745.819	1376102.025	41.2935547°	-094.4618935°	1,371.87	10	2	PVC	Above Ground	Abandoned
MW-7D	472748.545	1376097.735	41.2935620°	-094.4619092°	1,372.19	19	2	PVC	Above Ground	Abandoned
MW-8	472737.576	1375960.988	41.2935278°	-094.4624064°	1,372.30	12	2	PVC	Above Ground	Abandoned
MW-9	472875.724	1376086.713	41.2939107°	-094.4619545°	1,373.19	15	2	PVC	Above Ground	Abandoned
MW-10	472884.513	1375934.109	41.2939302°	-094.4625101°	1,372.25	15	2	PVC	Above Ground	Abandoned
MW-11	472959.037	1376077.943	41.2941391°	-094.4619897°	1,372.49	55	2	PVC	Above Ground	Abandoned
MW-12	472524.649	1375990.328	41.2929443°	-094.4622911°	1,367.88	35	2	PVC	Above Ground	Abandoned
MW-13	472827.173	1375970.449	41.2937739°	-094.4623756°	1,372.82	25	2	PVC	Above Ground	Abandoned
MW-14	472791.665	1375924.454	41.2936751°	-094.4625415°	1,372.67	20	2	PVC	Above Ground	Abandoned
MW-15	472980.015	1376103.435	41.2941975°	-094.4618978°	1,373.55	15	2	PVC	Above Ground	Abandoned
MW-16	472845.59	1375900.788	41.2938224°	-094.4626298°	1,371.15	15	2	PVC	Flush Mount*	Abandoned
MW-17	472726.579	1375896.662	41.2934956°	-094.4626400°	1,372.84	15	2	PVC	Above Ground	Abandoned
MW-18	472597.192	1375894.177	41.2931405°	-094.4626439°	1,371.28	19	2	PVC	Above Ground	Abandoned
EW-1	472875.121	1375994.826	41.2939063°	-094.4622888°	1,372.29	20	4	PVC	Above Ground	Abandoned
MP-1	472864.648	1376007.291	41.2938779°	-094.4622430°	1,372.36	20	2	PVC	Above Ground	Abandoned
MP-2	472858.725	1376015.481	41.2938619°	-094.4622130°	1,372.57	20	2	PVC	Above Ground	Abandoned

Site features and monitoring wells were surveyed on 2 December 2011 by Snyder & Associates of Ankeny, IA

*Wells MW-1 and MW-16 were originally installed as above ground surface completions, but have since been converted to flush mount completions.

Figure



NOTES

1. ALL LOCATIONS ARE APPROXIMATE.
2. SITE FEATURES AND MONITORING WELLS WERE SURVEYED ON 2 DECEMBER 2011 BY SNYDER & ASSOCIATES OF ANKENY, IOWA.

Kennedy/Jenks Consultants
 BNSF RAILWAY COMPANY
 FEEDER'S SUPPLY, LEASE PROPERTY 580,183
 GREENFIELD, IOWA
SITE MAP

1449049*00
 JANUARY 2015

FIGURE 1

Attachment A

IDNR Abandoned Water Well Plugging Records (IDNR Form 542-1226)

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
 Adair County, Describe well location or property: See attached map for detailed area

3. Description:

Well depth: <u>13.98</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>6.25</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u> </u>
Depth of Casing: <u>9</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-1</u>

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: 12-11-2014

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: <u><i>whitney</i></u>	Cert. No. <u>6494</u>

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: <u> </u>	Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

¼ of, ¼ of, ¼ of, Section _____, Twp. _____ N, Range _____ West / East (circle one)
Adair County, Describe well location or property: See attached map for detailed area

3. Description:

Well depth:	<u>17.70</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>6.5</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in	Yr. Or decade constrd.: _____
Depth of Casing:	<u>5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-2</u>

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: 12-11-2014

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: <u>whl7.dzy</u>	Cert. No. <u>6494</u>

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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. **Well (Cistern) Location:**

¼ of, ¼ of, ¼ of, Section _____, Twp. _____ N, Range _____ West / East (circle one)
 Adair _____ County, Describe well location or property: See attached map for detailed area

3. **Description:**

Well depth: <u>23.42</u> ft	Casing material: steel <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>6.71</u> ft	Type of construction: drilled, driven, bored, dug <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: _____
Depth of Casing: <u>10</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-3</u>

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: 12-11-2014

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: <u>mtl7.dgy</u>	Cert. No.: <u>6494</u>

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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. **Well (Cistern) Location:**

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one).
Adair County, Describe well location or property: See attached map for detailed area

3. **Description:**

Well depth:	<u>17.36</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>8.36</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in	Yr. Or decade constrd.: _____
Depth of Casing:	<u>5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-4</u>

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: 12-11-2014

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: <u>ntb/7.dgy</u>	Cert. No. <u>6494</u>

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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. **Well (Cistern) Location:**

1/4 of, 1/4 of, 1/4 of, Section _____, Twp. _____ N, Range _____ West / East (circle one)
Adair County, Describe well location or property: See attached map for detailed area

3. **Description:**

Well depth:	<u>12.34</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water	<u>9.96</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in	Yr. Or decade constrd.: _____
Depth of Casing:	<u>5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-6</u>

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: 12-11-2014

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: <u>W.H.L. Dwy</u>	Cert. No. <u>6494</u>

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 local county agent: County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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
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Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
 Adair County, Describe well location or property: See attached map for detailed area

3. Description:

Well depth: <u>12.21</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>9</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u> </u>
Depth of Casing: <u>5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-7</u>

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: 12-11-2014

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: <u><i>whl 7. dzy</i></u>	Cert. No. <u>6494</u>

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: <u> </u>	Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. **Well (Cistern) Location:**

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
Adair County, Describe well location or property: See attached map for detailed area

3. **Description:**

Well depth:	<u>20.66</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>12.42</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in	Yr. Or decade constrd.: <u> </u>
Depth of Casing:	<u>8</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-7D</u>

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: 12-11-2014

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: <u> </u>	Cert. No. <u>6494</u>

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: <u> </u>	Date Approved: <u> </u>

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 local county agent: County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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
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Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. **Owner:**

Name: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. **Well (Cistern) Location:**

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
 Adair County, Describe well location or property: See attached map for detailed area

3. **Description:**

Well depth:	<u>17.35</u> ft	Casing material: steel <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water:	<u>9.51</u> ft	Type of construction: drilled, driven, bored, dug <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in	Yr. Or decade constrd.: <u> </u>
Depth of Casing:	<u>5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-9</u>

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: 12-11-2014

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: <u><i>W. L. Day</i></u>	Cert. No. <u>6494</u>

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: <u> </u>	Date Approved: <u> </u>

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 local county agent: County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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
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Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

____ ¼ of, ____ ¼ of, ____ ¼ of, Section _____, Twp. _____ N, Range _____ West / East (circle one)
 Adair _____ County, Describe well location or property: See attached map for detailed area

3. Description:

Well depth: <u>17.36</u> ft	Casing material: steel <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>8.36</u> ft	Type of construction: drilled, driven, bored, dug <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: _____
Depth of Casing: <u>5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-10</u>

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: 12-11-2014

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: <u>whl? dzy</u>	Cert. No. <u>6494</u>

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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. **Well (Cistern) Location:**

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
Adair County, Describe well location or property: See attached map for detailed area

3. **Description:**

Well depth:	<u>57.21</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water	<u>8.96</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in	Yr. Or decade constrd.: <u> </u>
Depth of Casing:	<u>45</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-11</u>

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: 12-11-2014

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: <u><i>W. L. Dwy</i></u>	Cert. No. <u>6494</u>

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: <u> </u>	Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
Adair County. Describe well location or property: See attached map for detailed area

3. Description:

Well depth: <u>27.58</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>8.08</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: _____
Depth of Casing: <u>15</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-13</u>

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: 12-11-2014

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: <u><i>Walt D. Dy...</i></u>	Cert. No. <u>6494</u>

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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
 Adair County, Describe well location or property: See attached map for detailed area

3. Description:

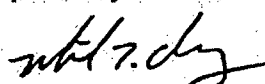
Well depth: <u>23.3</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>7.91</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u> </u>
Depth of Casing: <u>10</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-14</u>

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: 12-11-2014

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. 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 with the oversight and assistance of the designated county agent.
 Signature of County Agent: Date Approved:

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. **Well (Cistern) Location:**

¼ of, ¼ of, ¼ of, Section _____, Twp. _____ N, Range _____ West / East (circle one)
 Adair _____ County, Describe well location or property: See attached map for detailed area

3. **Description:**

Well depth: <u>17.87</u> ft	Casing material: steel <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>10.86</u> ft	Type of construction: drilled, driven, bored, dug <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: _____
Depth of Casing: <u>5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW -15</u>

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: 12-11-2014

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: <u>W. L. Dwyer</u>	Cert. No. <u>6494</u>

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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
 Adair County, Describe well location or property: See attached map for detailed area

3. Description:

Well depth: <u>15</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>6.17</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u> </u>
Depth of Casing: <u>5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-16</u>

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: 12-11-2014

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: <u>whl r. dzy</u>	Cert. No. <u>6494</u>

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: <u> </u>	Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
 Adair County, Describe well location or property: See attached map for detailed area

3. Description:

Well depth:	<u>17.84</u> ft	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water:	<u>8.93</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>2</u> in	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-17</u>
Yr. Or decade constrd.:	<u> </u>	
Depth of Casing:	<u>5</u> ft	

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: 12-11-2014

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: <u><i>Walt J. Day</i></u>	Cert. No. <u>6494</u>

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: <u> </u>	Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. **Well (Cistern) Location:**

¼ of, ¼ of, ¼ of, Section _____, Twp. _____ N, Range _____ West / East (circle one)
Adair County, Describe well location or property: See attached map for detailed area

3. **Description:**

Well depth:	<u>22.32</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>6.93</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter:	<u>4</u> in	Yr. Or decade constrd.: _____
Depth of Casing:	<u>10</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>EW-1</u>

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: 12-11-2014

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: <u>whl r. dzy</u>	Cert. No. <u>6494</u>

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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
 Adair County, Describe well location or property: See attached map for detailed area

3. Description:

Well depth: <u>22.39</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>7.49</u> ft	Type of construction: drilled, driven, bored, dug, <u>augered</u> (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u> </u>
Depth of Casing: <u>10</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MP-1</u>

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: 12-11-2014

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: <u><i>whl r. dzy</i></u>	Cert. No. <u>6494</u>

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: <u> </u>	Date Approved: <u> </u>

Eligible for Grants-to-Counties cost share: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	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: <u>BNSF Railway</u>	City: <u>Kansas City</u>	State: <u>KS</u>
Address: <u>4515 Kansas Ave.</u>	Zip: <u>66106</u>	Phone: <u>913-551-4195</u>

2. Well (Cistern) Location:

 ¼ of, ¼ of, ¼ of, Section , Twp. N, Range West / East (circle one)
 Adair County. Describe well location or property: See attached map for detailed area

3. Description:

Well depth:	<u>22.35</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone	
Depth to water:	<u>7.50</u> ft	(circle one)	
Casing diameter:	<u>2</u> in	Type of construction: drilled, driven, bored, dug, <u>augered</u>	
Yr. Or decade constrd.:		(circle one)	
Depth of Casing:	<u>10</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MP-2</u>	

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: 12-11-2014

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: <u>ntb/7.dgy</u>	Cert. No. <u>6494</u>

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: <input type="checkbox"/> YES <input type="checkbox"/> NO (Determined by County Agent)	
Complete one form for each well plugged and submit within 30 days to local county agent:	or, only if no county agent is available, to:
County Health Sanitarian Attn: Mr. Steve Patterson 200 N. Fifth Street Guthrie Center, IA 50115	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034