

Lisle Corporation 807 East Main Street P.O. Box 89 Clarinda, IA 51632 (712) 542-5101 Fax (712) 542-6591 www.lislecorp.com CON 12-15 Doc #30674

October 9, 2014

Mr. Hyton Jackson, Environmental Specialist Iowa Department of Natural Resources 502 East 9th Street Des Moines, IA 50319

Dear Mr. Jackson,

As per your instructions, I've enclosed eleven completed "Abandoned Monitoring Well Plugging Records" for the wells we had removed and filled on the Lisle Corporation LRP site here in Clarinda, Iowa.

We are glad to get this project successfully completed and appreciate your help during the project.

Sincerely yours,

John C. Lisle/ls

Enc.

cc: James L. Pray - Brown Winick

1. Owner:	
Name: Lisle Corporation City: Clarinda State: Iowa	
Address: 807 E. Main 5t. Zip: 5/632 Phone: (7/2) 542-510/	
Name: Lisle Corporation	
Number:	
2. Well Location:	
1/4 of,1/4 of,1/4 of, Section, Twp N, Range West/East (circle or	ne)
County, Describe well location on property: City of Clarinda,	
Frazer's Addition, Abandoned Street between Blocks 36 and 37	
3. Description:	
Well depth:ft. Casing material: steel, (plastic,) concrete, clay, brick, stone	
Depth to water: Casing diameter: ft. Casing diameter: Type of construction: (circle one) drilled driven, bored, dug, augered	
Year or decade constructed: (circle one)	
Year or decade constructed: (circle one) Depth of casing: ft. Check ⊠ if this is a Monitoring Well Well ID: mw-4D	
Experience of adming.	ب <u>۔</u> ۔
I certify this well has been plugged as required by rule 567-39.8 of the lowa Administrative Code (IAC). I	İ
agree to provide any additional information the county or department may need concerning this well.	٠.
Signature of Owner: John Like Chairman Date Plugged: 194/14	
	٠.
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. 806 7	
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 low	<i>'</i> a
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: TYES INO (Determined by County Agent)	. . .
Complete one form for each well plugged and	
submit within 30 days to:	
Hylton Jackson	
IDNR Contaminated Sites Section 502 East 9 th Street	
Des Moines, IA 50319	

1. Owner:	
Name: Lisle Corporation City	: Clarinda State: Iowa
Address: 807 E. Main 5t. Zip	: 5/632 Phone: (7/2) 542-5/0/
Name: Lisle Corporation	
Number:	
2. Well Location:	·
1/4 of,1/4 of,1/4 of, Section	_ , Twp N, Range West/East (circle one)
County, Describe	well location on property: City of Clarinda,
Frazer's Addition, Abandones	Street between Blocks 36 and 37
3. Description:	•
	terial: steel, (plastic,) concrete, clay, brick, stone
Depth to water: ft. Casing diameter: 2 in. Type of construction	(circle one)
Year or decade constructed: Depth of casing: ft. Check ⊠ if the	(circle one)
Deput of casing.	is is a Monitoring Well Well ID: MW-4I
Î certify this well has been pludged as required by	rule 567-39.8 of the lowa Administrative Code (IAC). I
그는 그는 사람들은 사고 있는 것을 가장하는 사람들이 가장 그렇게 되었다. 그는 것은 그릇을 모든 것이 없다.	unty or department may need concerning this well.
	있으 다. 1985 - 19 전 - 기의 최기의 기의 14 / 개년 1 50 - 19 2 - 기의 기의 기의 기의 기계 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Signature of Owner An Char	man Date Plugged: // h//4
If plugged by certified well contractor, complete to	
I have plugged this well as required by rule 567-3	
Signature of Contractor:	Cert. No <u>8067</u>
OR, If plugged by well owner, complete this box:	
	ollowing requirements in rule 567-39.8 of the lowa
Administrative Code with the oversight and assist	ance of the designated county agent.
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: YE	S DNO (Determined by County Agent)
Complete one form for each well plugged and	
submit within 30 days to:	
Hylton Jackson IDNR Contaminated Sites Section	
502 East 9 th Street	
Des Moines, IA 50319	

1. Owner:	
Name: Lisle Corporation City:	Clarinda State: Jowa
Address: 807 E. Main 5t. Zip:	<u>Clarinda</u> State: <u>Jowa</u> 5/632 Phone: (7/2) 542-510/
Name: Lisle Corporation	
Number:	
2. Well Location:	
1/4 of,1/4 of,1/4 of, Section	, Twp N, Range West/East (circle one)
County, Describe	well location on property: city of Clarinda,
Frazers Addition, Abandoned	Street between blocks 36 and 37
3. Description:	
Well depth: <u>ft.</u> Casing mate	erial: steel, (plastic,) concrete, clay, brick, stone
Depth to water: ft.	(circle one)
	ion: drilled driven, bored, dug, augered
Year or decade constructed:	(circle one)
Depth of casing: ft. Check 🔯 if the	s is a Monitoring Well Well ID: MW-45
Legrify this well has been plugged as required by	rule 567-39.8 of the Iowa Administrative Code (IAC).
agree to provide any additional information the cou	
Signature of Owner: Jaka Chile,	Chaunau Date Plugged: 10/4/14
If plugged by certified well contractor, complete the	nis box:
I have plugged this well as required by rule 567-3	A ' '
Signature of Contractor: 1018	Cert. No
OR, If plugged by well owner, complete this box:	
	ollowing requirements in rule 567-39.8 of the lowar
Administrative Code with the oversight and assist	
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: YE	S NO (Determined by County Agent)
Complete one form for each well plugged and	
submit within 30 days to:	
Hylton Jackson IDNR Contaminated Sites Section	
502 East 9 th Street	
Des Moines, IA 50319	

1. Owner:	
Name: Lisle Corporation City	Clarinda State: Iowa
Name: Lisle Corporation City. Address: 807 E. Main St. Zip.	5/632 Phone: (7/2) 542 - 5/0/
Name: Lisle Corporation	
Number:	
2. Well Location:	
	, Twp. N, Range West/East (circle one)
County, Describe	well location on property: <u>City of Clarinda</u> ,
Frazer's Addition, Block 3	36
3. Description:	
· · · · · · · · · · · · · · · · · · ·	erial: steel, plastic concrete, clay, brick, stone
Depth to water:ft.	(circle one)
Casing diameter: 2 in. Type of construct	
Year or decade constructed: Depth of casing: ft. Check ⊠ if th	is is a Monitoring Well Well ID: $mw - 15$
Depth of casing. It. Check It th	is is a Monitorning Well Well ID. 77W - 13
I certify this well has been plugged as required by	rule 567-39.8 of the Iowa Administrative Code (IAC). I
	unty or department may need concerning this well.
1.1 2/1	
Signature of Owner JMn Chule, C	haumen Date Plugged: ///////
If plugged by certified well contractor, complete the	· · · · · · · · · · · · · · · · · · ·
I have plugged this well as required by rule 567-3	
Signature of Contractor:	Cert. No. <u>Bole 7</u>
OR, If plugged by well owner, complete this box:	
	ollowing requirements in rule 567-39.8 of the lowa
Administrative Code with the oversight and assist	ance of the designated county agent.
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: YE	S NO (Determined by County Agent)
Complete one form for each well plugged and	
submit within 30 days to:	
Hylton Jackson IDNR Contaminated Sites Section	
502 East 9 th Street	
Des Moines, IA 50319	

1. Owner:
Name: Lisle Corporation City: Clarinda State: Iowa
Address: 807 E. Main St. Zip: 5/632 Phone: (7/2) 542 - 5/01
Name: Lisle Corporation
Number:
2. Well Location:
1/4 of,1/4 of,1/4 of, Section, Twp N, Range West/East (circle one)
County, Describe well location on property: City of Clarinda,
Frazer's Addition, Block 36
3. Description:
Well depth:ft. Casing material: steel, (plastic,) concrete, clay, brick, stone
Depth to water: ft. (circle one) Casing diameter: 2 in. Type of construction: drilled driven, bored, dug, augered
Casing diameter: 2 in. Type of construction: drilled driven, bored, dug, augered
Year or decade constructed: (circle one)
Depth of casing: ft. Check ⊠ if this is a Monitoring Well Well ID:
I certify this well has been plugged as required by rule 567-39.8 of the lowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well. Signature of Owner:
-·····································
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. 8047
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 lowa 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:
Hylton Jackson
IDNR Contaminated Sites Section 502 East 9 th Street
Des Moines. IA 50319

1. Owner:
Name: Lisle Corporation City: Clarinda State: Iowa
Name: Lisle Corporation City: Clarinda State: Iowa Address: 807 E. Main 5t. Zip: 5/632 Phone: (712) 542-5101
Name: Lisle Congeration
Number:
2. Well Location:
1/4 of,1/4 of,1/4 of, Section , Twp N, Range West/East (circle of
County, Describe well location on property: City of Clarinda
Frazer's Addition, Block 45
3. Description:
Well depth: ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: ft. (circle one)
Casing diameter: <u>2</u> in. Type of construction: <u>drilled</u> driven, bored, dug, augered
Year or decade constructed: (circle one)
Depth of casing: ft. Check ⊠ if this is a Monitoring Well Well ID: MW - 2.5
I certify this well has been plugged as required by rule 567-39.8 of the lowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well. Signature of Owner: Mull will Date Plugged: 194/14
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: Mello Cert. No. 8067
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 low 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)
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:
Hylton Jackson IDNR Contaminated Sites Section
502 East 9 th Street
000 Edition 14 50240

1. Owner:
Name: Lisle Corporation City: Clarinda State: Iowa
Name: Lisle Corporation City: Clarinda State: Iowa Address: 807 E. Main St. Zip: 5/632 Phone: (7/2) 542 - 5/0/
Name: Lisle Corporation
Number:
2. Well Location:
1/4 of,1/4 of,1/4 of, Section, TwpN, Range West/East (circle one
County, Describe well location on property: City of Clarinda,
Frazer's Addition, Block 45
3. Description:
Well depth:ft. Casing material: steel, (plastic) concrete, clay, brick, stone Depth to water:ft. (circle one) Casing diameter:2 in. Type of construction: drilled driven, bored, dug, augered Year or decade constructed: (circle one) Depth of casing: ft. Check ☑ if this is a Monitoring Well Well ID:
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).
Signature of Contractor: Cert. No. 8067
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 lowa 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:
Complete one form for each well plugged and submit within 30 days to:
Hylton Jackson IDNR Contaminated Sites Section 502 East 9 th Street Des Moines, IA 50319

1. Owner:
Name: Lisle Corporation City: Clarinda State: Iowa
Address: 807 E. Main St. Zip: 5/632 Phone: (7/2) 542 - 5/0/
Name: Lisle Corporation
Number:
2. Well Location:
1/4 of,1/4 of,1/4 of, Section , Twp N, Range West/East (circle one
County, Describe well location on property: City of Clarinda,
Frazer's Addition, Right-of-way, Block 35
3. Description:
Well depth: ft. Casing material: steel, plastic concrete, clay, brick, stone Depth to water: ft. (circle one) Casing diameter: 2 in. Type of construction: drilled driven, bored, dug, augered Year or decade constructed: (circle one) Depth of casing: ft. Check ☑ if this is a Monitoring Well Well ID:
I certify this well has been plugged as required by rule 567-39.8 of the lowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well. Signature of Owner
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).
Signature of Contractor: 1612 Cert. No. 8067
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 lowa 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:
Hylton Jackson IDNR Contaminated Sites Section 502 East 9 th Street Des Moines, IA 50319

1. Owner:	
	a State: Iowa
Address: 807 E. Main 5t. Zip: 5/632 Ph	one: (7/2) 542 - 5/0/
Name: Lisle Corporation	
Number:	
2. Well Location:	
1/4 of,1/4 of,1/4 of, Section, TwpN,	Range West/East (circle one
County, Describe well location on pro	operty: <u>City of Clarinda</u> ,
Frazer's Addition, Right-of-way, Bl	
3. Description:	
Well depth: ft. Casing material: steel, plastic	c) concrete, clay, brick, stone
Depth to water: ft.	(circle one)
Casing diameter: 11. Type of construction: drilled drive	
Year or decade constructed:	(circle one)
Depth of casing: ft. Check ☑ if this is a Monitoring W	/ell Well ID: <u>MW-3</u>
I certify this well has been plugged as required by rule 567-39.8 of the agree to provide any additional information the county or department	
Signature of Owner Jan (Male, Channan Da	ate Plugged: / <i>∂/4///</i> 4
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lowa Adr	▲ `
Signature of Contractor: C	ert. No
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well following requireme Administrative Code with the oversight and assistance of the designation	
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: YES NO (Determ	ined by County Agent)
Engline to Grants-to-counties cost strate. Lines Line (Determ	ined by County Agent)
Complete one form for each well plugged and submit within 30 days to:	
Hylton Jackson	
IDNR Contaminated Sites Section 502 East 9th Street	
Des Moines, IA 50319	

1. Owner:
Name: Lisle Corporation City: Clarinda State: Iowa
Address: 807 E. Main St. Zip: 5/632 Phone: (7/2) 542 - 5/01
Name: Lisle Corporation
Number:
2. Well Location:
1/4 of,1/4 of,1/4 of, Section, Twp N, Range West/East (circle of
County, Describe well location on property: City of Clarindo
Frazer's Addition, Right-of-way, Block 46
3. Description:
Well depth: ft. Casing material: steel, (plastic,) concrete, clay, brick, stone
Depth to water:ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled driven, bored, dug, augered
Year or decade constructed: (circle one)
Depth of casing: ft. Check ⋈ if this is a Monitoring Well Well ID: MW-6
I certify this well has been plugged as required by rule 567-39.8 of the lowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well. Signature of Owner: /////////
If plugged by certified well contractor, complete this box:
I have plugged this well as required by rule 567-39.8 of the lowa Administrative Code (IAC).
Signature of Contractor: ////Cert. No. 8067
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 low 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:
Hylton Jackson
IDNR Contaminated Sites Section
502 East 9 th Street

1. Owner:
Name: Lisle Corporation City: Clarinda State: Iowa
Address: 807 E. Main 5t. Zip: 5/632 Phone: (7/2) 542 - 5/0/
Name: Lisle Corporation
Number:
2. Well Location:
1/4 of,1/4 of,1/4 of, Section , Twp N, Range
County, Describe well location on property: City of Clarinda
Frazer's Addition, Right-of-way, Block 46
3. Description:
Well depth:ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled driven, bored, dug, augered
Year or decade constructed: (circle one)
Depth of casing: ft. Check ☑ if this is a Monitoring Well Well ID:
certify this well has been plagged as required by rule 567-39.8 of the lowa Administrative Code (IAC). I agree to provide any additional information the country or department may need concerning this well. Signature of Owner: Who were Date Plugged: 19/4/14
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. 8067
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 lowa 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:
Complete one form for each well plugged and submit within 30 days to:
Hylton Jackson
DNR Contaminated Sites Section
502 East 9 th Street



