



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,

A handwritten signature in black ink that reads 'John C. Lisle'.

John C. Lisle/lc

Enc.

cc: James L. Pray – Brown Winick

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda, Frazer's Addition, Abandoned street between blocks 36 and 37</u>

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>plastic</u> , 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-40</u>

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: John Lisle Chairman Date Plugged: 10/4/14

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: RS 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda, Frazer's Addition, Abandoned Street between blocks 36 and 37.</u>

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> , 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-41</u>

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: John C. Lisle Chairman Date Plugged: 10/6/14

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: RB 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u>
<u>Frazer's Addition, Abandoned Street between blocks 36 and 37</u>

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-45</u>

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: John C. Hink, Chairman Date Plugged: 10/4/14

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: <u>NR</u>	Cert. No. <u>8067</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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u> <u>Frazer's Addition, Block 36</u>

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> , 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-15</u>

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: John C. Hilde, chairman Date Plugged: 10/4/14

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: RLB 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u>		
<u>Frazer's Addition, Block 36</u>		

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> , 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-1D</u>

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: John C. Lisle Date Plugged: 10/4/14

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: NRB 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u> <u>Frazer's Addition, Block 45</u>

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-25</u>

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: J. M. C. Hile, Chairman Date Plugged: 10/4/14

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: NR 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u> <u>Frazer's Addition, Block 45</u>

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> , 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-2D</u>

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: John C. Hink, Chairman Date Plugged: 10/4/14

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: [Signature] 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u>
<u>Frazer's Addition, Right-of-way, Block 35</u>

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>plastic</u> , 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-5</u>

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: John C. Lisle, Chairman Date Plugged: 10/4/14

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: RR 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u>
<u>Frazer's Addition, Right-of-way, Block 45</u>

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-3</u>

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: John C. Lisle, Chairman Date Plugged: 12/4/14

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: RB 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u> <u>Frazer's Addition, Right-of-way, Block 46</u>		

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-6</u>

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: John Chule, Chairman Date Plugged: 8/4/14

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: [Signature] 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

Abandoned Monitoring Well Plugging Record

1. Owner:

Name: <u>Lisle Corporation</u>	City: <u>Clarinda</u>	State: <u>Iowa</u>
Address: <u>807 E. Main St.</u>	Zip: <u>51632</u>	Phone: <u>(712) 542-5101</u>

Name: <u>Lisle Corporation</u>
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: <u>City of Clarinda,</u>		
<u>Frazer's Addition, Right-of-way, Block 46</u>		

3. Description:

Well depth: _____ ft.	Casing material: steel, <u>(plastic)</u> 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 <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-7</u>

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: Shirley C. Chubb, Chairman Date Plugged: 10/4/14

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: RB 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 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:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319



