

**CON 12-15
Doc #31070**



July 2, 2015

Nick Lenox
City of Ankeny
410 West First Street
Ankeny, IA 50023

Subject: Submittal of the Monitor Well Plugging Records for
Former V.W. Smith Oils, 206 SW Maple Street

Dear Mr. Lenox:

Please find enclosed four packets of Abandoned Water Well Plugging Records (DNR Form 542-1226) for the above referenced site. On June 19 and 20, 2015 all available monitoring wells (9) were abandoned and plugged according to 567-39 of the Iowa Administrative Code (IAC). A total of nine wells were completely removed and plugged. One well (HA1R) may remain beneath the imported soil pile. Two wells may have been buried and/or damaged (10MW and 14MW) and were not able to be located.

Please complete the following:

- a. Sign each of the individual IDNR Abandoned Water Well Plugging Records in three of the packets (27 total). The "Signature of Owner" location is near the center of the page in bold.
- b. Send one signed packet of the forms to:
Water Supply Section
Iowa Department of Natural Resources
501 SW 7th Street, Suite M
Des Moines, IA 50309-4611
- c. Send one signed packet of the forms to:
Fred Hale
Polk County Health Department
5895 NE 14th Street
Des Moines, IA 50313
- d. Send one signed packet of the forms to:
Cal Lundberg
Contaminated Sites Section
Iowa Department of Natural Resources
Wallace State Office Building
Des Moines, Iowa 50319-0034
- e. Keep the final copy for your records.

We realize this is a lot of information to absorb. If you have questions please do not hesitate to call me at 515-309-2183 or contact me by email at geode-enviro@mchsi.com.

Sincerely,
Geode Environmental, LLC

A handwritten signature in black ink, appearing to read "Ray Widder".

Ray Widder
Certified Groundwater Professional

27567 JUL10'15 AM10:08



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

1. Owner:

Name: <u>City of Ankeny</u>	Phone: <u>515-963-3570</u>
Address: <u>410 West First Street</u>	
City: <u>Ankeny</u>	State: <u>IA</u> Zip: <u>50023</u>

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

PWSID Name: _____	PWSID Number: _____
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2. Location of Well (Cistern):

NW <u>1/4</u> of, NW <u>1/4</u> of, NE <u>1/4</u> of, Section <u>23</u> , T <u>80</u> N, R <u>24</u>	<input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Polk</u>	Describe well location on property: <u>see attached map</u>
GPS Well Location: Latitude: _____	Longitude: _____

3. Well Description:

Well depth: <u>18</u> ft.	
Depth to water: <u>4.83</u> ft.	
Casing depth: <u>18</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: <u>HA2R</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 [Signature] Date Plugged: 6/20/15

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: 5222

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:

<u>Fred Hale</u> <u>Polk County Health Dept.</u> <u>5895 NE 14th St.</u> <u>Des Moines, IA 50313</u>	Water Supply Section Iowa Department of Natural Resources 502 E 9 th St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: City of Ankeny Phone: 515-963-3570
Address: 410 West First Street
City: Ankeny State: IA Zip: 50023

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW 1/4 of, NW 1/4 of, NE 1/4 of, Section 23, T 80 N, R 24 ☐ East ☒ West
County: Polk Describe well location on property: see attached map
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 15 ft
Depth to water: 4.84 ft.
Casing depth: 15 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 1994 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: 2MW

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: 6/20/15

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: 5222

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:

Fred Hale
Polk County Health Dept.
5895 NE 14th St.
Des Moines, IA 50313

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



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

1. Owner:

Name: <u>City of Ankeny</u>	Phone: <u>515-963-3570</u>
Address: <u>410 West First Street</u>	
City: <u>Ankeny</u>	State: <u>IA</u> Zip: <u>50023</u>

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

PWSID Name: _____	PWSID Number: _____
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2. Location of Well (Cistern):

NW <u>1/4</u> of, NW <u>1/4</u> of, NE <u>1/4</u> of, Section <u>23</u> , T <u>80</u> N, R <u>24</u>	<input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Polk</u>	Describe well location on property: <u>see attached map</u>
GPS Well Location: Latitude: _____	Longitude: _____

3. Well Description:

Well depth: <u>18</u> ft.	
Depth to water: <u>5.61</u> ft.	
Casing depth: <u>18</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: <u>5MWR</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 [Signature] Date Plugged: 6/20/15

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: 5222

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:

Fred Hark
Polk Co. Health Dept.
5895 NE 14th St.
Des Moines, IA 50313

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



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

1. Owner:

Name: City of Ankeny Phone: 515-963-3570
Address: 410 West First Street
City: Ankeny State: IA Zip: 50023

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW 1/4 of, NW 1/4 of, NE 1/4 of, Section 23, T 80 N, R 24 ☐ East ☒ West
County: Polk Describe well location on property: see attached map
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 18 ft.
Depth to water: 5.21 ft.
Casing depth: 18 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: 7MWR

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: 6/20/15

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: 5222

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:

<u>Fred Hale</u> <u>Polk Co. Health Dept.</u> <u>5895 NE 14th St.</u> <u>Des Moines, IA 50313</u>	Water Supply Section Iowa Department of Natural Resources 502 E 9th St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>City of Ankeny</u>	Phone: <u>515-963-3570</u>
Address: <u>410 West First Street</u>	
City: <u>Ankeny</u>	State: <u>IA</u> Zip: <u>50023</u>

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

PWSID Name: _____	PWSID Number: _____
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2. Location of Well (Cistern):

NW <u>1/4</u> of, NW <u>1/4</u> of, NE <u>1/4</u> of, Section <u>23</u> , T <u>80</u> N, R <u>24</u>	<input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Polk</u>	Describe well location on property: <u>see attached map</u>
GPS Well Location: Latitude: _____	Longitude: _____

3. Well Description:

Well depth: <u>15</u> ft.	
Depth to water: <u>6.57</u> ft.	
Casing depth: <u>15</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>1995</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: <u>8MW</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 [Signature] Date Plugged: 6/20/15

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>[Signature]</u>	Cert No: <u>5622</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 (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:

<u>Fred Hale</u> <u>Polk Co. Health Dept.</u> <u>5875 NE 14th St.</u> <u>Des Moines, IA 50313</u>	Water Supply Section Iowa Department of Natural Resources 502 E 9 th St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: City of Ankeny Phone: 515-963-3570
Address: 410 West First Street
City: Ankeny State: IA Zip: 50023

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW 1/4 of, NW 1/4 of, NE 1/4 of, Section 23, T 80 N, R 24 ☐ East ☒ West
County: Polk Describe well location on property: see attached map
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 18 ft
Depth to water: 5.79 ft.
Casing depth: 18 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: 11MW

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: 6/19/15

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: 5622

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:

Fred Hale
Adk Co. Health Dept.
5895 NE 14th St.
Des Moines, IA 50313

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well
Plugging Record****1. Owner:**

Name: City of Ankeny Phone: 515-963-3570
Address: 410 West First Street
City: Ankeny State: IA Zip: 50023

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW 1 ¼ of, NW 1 ¼ of, NE 1 ¼ of, Section 23, T 80 N, R 24 ☐ East ☒ West
County: Polk Describe well location on property: see attached map
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: 18 ft.
Depth to water: 4.95 ft.
Casing depth: 18 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2012 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: 12MW

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: 6/19/15

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: 5222

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:

Fred Hale
Polk Co. Health Dept.
5895 NE 14th St.
Des Moines, IA 50313

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



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

1. Owner:

Name: <u>City of Ankeny</u>	Phone: <u>515-963-3570</u>
Address: <u>410 West First Street</u>	
City: <u>Ankeny</u>	State: <u>IA</u> Zip: <u>50023</u>

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

PWSID Name: _____	PWSID Number: _____
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2. Location of Well (Cistern):

NW <u>1/4</u> of, NW <u>1/4</u> of, NE <u>1/4</u> of, Section <u>23</u> , T <u>80</u> N, R <u>24</u>	<input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Polk</u>	Describe well location on property: <u>see attached map</u>
GPS Well Location: Latitude: _____	Longitude: _____

3. Well Description:

Well depth: <u>18</u> ft.	
Depth to water: <u>4.84</u> ft.	
Casing depth: <u>18</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: <u>13MW</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: [Signature] Date Plugged: 6/19/15

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: 5222

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:

Fred Hale
Polk Co. Health Dept.
5875 NE 14th St.
Des Moines, IA 50313

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034



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

1. Owner:

Name: <u>City of Ankeny</u>	Phone: <u>515-963-3570</u>
Address: <u>410 West First Street</u>	
City: <u>Ankeny</u>	State: <u>IA</u> Zip: <u>50023</u>

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

PWSID Name: _____	PWSID Number: _____
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2. Location of Well (Cistern):

<u>NW</u> $\frac{1}{4}$ of, <u>NW</u> $\frac{1}{4}$ of, <u>NE</u> $\frac{1}{4}$ of, Section <u>23</u> , T <u>80</u> N, R <u>24</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Polk</u> Describe well location on property: <u>see attached map</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: <u>18</u> ft.	
Depth to water: <u>11.28</u> ft.	
Casing depth: <u>18</u> ft.	Casing Material: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2012</u>	Type of Construction: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Augured <input type="checkbox"/> Dug
Is this a Monitoring Well? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well ID: <u>15MW</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 [Signature] Date Plugged: 6/19/15

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>[Signature]</u>	Cert No: <u>5222</u>

OR, If plugged by well owner, complete this box:

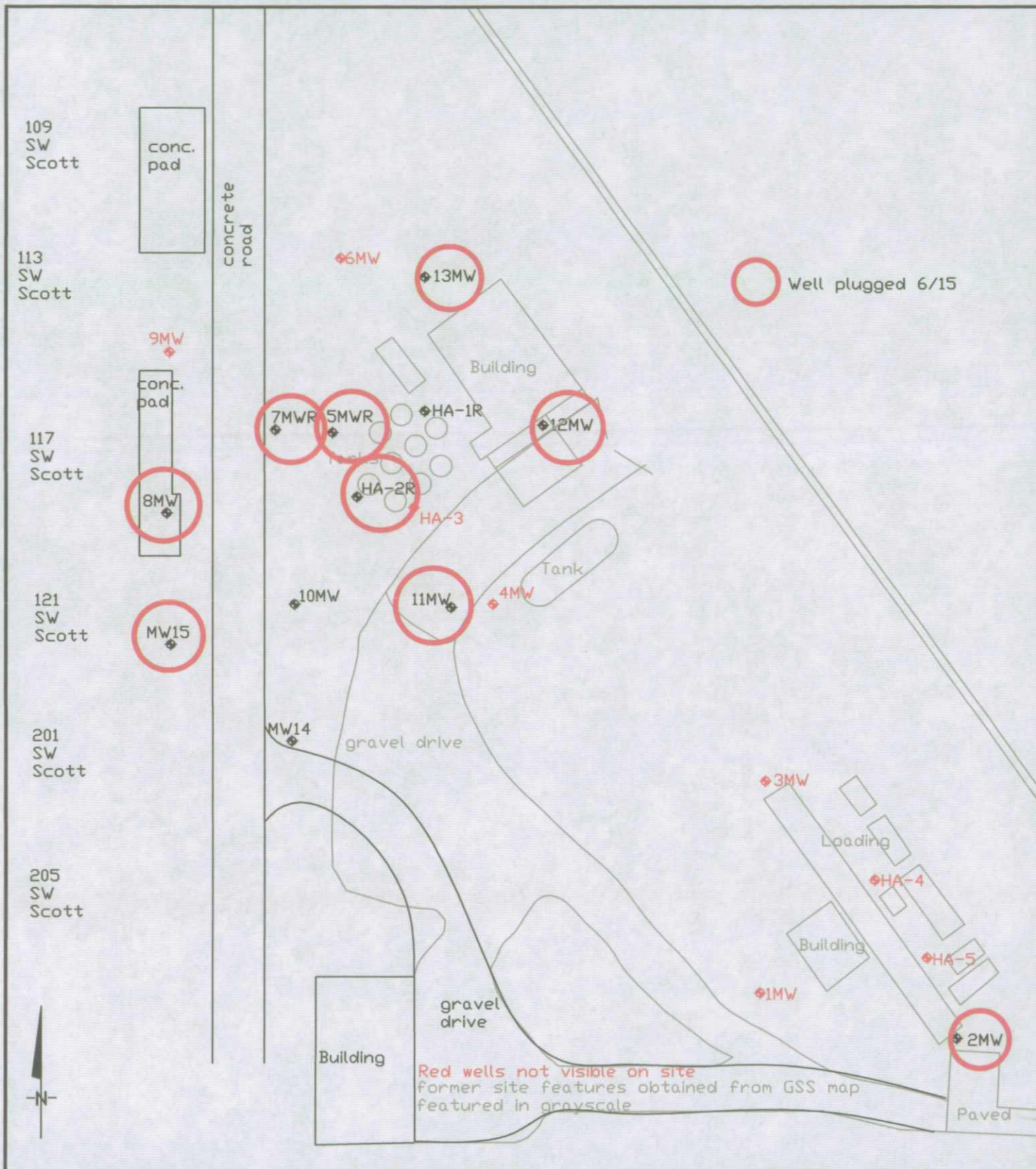
The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code (IAC) with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: _____

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:

<u>Fred Hale</u> <u>Atk Co. Hwy. Dept.</u> <u>5895 NE 14th St.</u> <u>Des Moines, IA 50313</u>	Water Supply Section Iowa Department of Natural Resources 502 E 9th St Des Moines IA 50319-0034
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GEODE ENVIRONMENTAL, LLC

Date: September 2012

former VW Smith Oil
206 SW Maple Street
Ankeny, IA

APPROXIMATE SCALE IN FEET
25 0 25 50

SITE PLAN MAP

LUST#NA REG #NA

Scale: 1" = 50'

