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

Ray Widder

Certified Groundwater Professional

27567 JUL10'15 AM10:08



1. Owner.	<u></u>			
Name: City of Ankeny	Phone: 515-963-3570			
Address: 410 West First Street				
City: Ankeny State:	State: IA Zip: 50023			
If this was a Public Water Supply Well, please provide	à.			
PWSID Name:	DWSID Number			
2. Location of Well (Cistern):				
	n 23 , T 80 N, R 24			
County: Polk Describe well location				
GPS Well Location: Latitude:	Longitude:			
3. Well Description:				
Well depth: 18 ft				
Depth to water 4.83 ft.				
Casing depth: 18 ft. Casing Mater	al: Steel Plastic Concrete Clay Brick Stone			
Casing diameter: 2 in.				
Year or decade constructed: 2012 Type of Const	ruction: Drilled Driven Bored Augured Dug			
Is this a Monitoring Well? Yes No Well ID: H	A2R			
Check if Cistern Depth: ft. Diamete	r: 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: 6/20//			
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: And Lope Som	17/ Cert No: <u>522</u>			
OR, If plugged by well owner, complete this box:				
The property owner has plugged this well following requiren	nents 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 Campy Health Dept. 5895 NE 14th St.	Water Supply Section lowa Department of Natural Resources 502 E 9 th St			
A. Maines IA 50313	Des Moines IA 50319-0034			



Name: City of Ankeny				
Address: 410 West First Street				
City: Ankeny State	e: IA Zip: 50023			
If this was a Public Water Supply Well, please provi	ide:			
PWSID Name:	PWSID Number:			
2. Location of Well (Cistern):				
NW 1/4 of, NW 1/4 of, NE 1/4 of, Sect	tion 23 , T 80 N, R 24 🔲 East 🔳 West			
County: Polk Describe well loca	ation on property: see attached map			
GPS Well Location: Latitude:				
3. Well Description:				
Well depth: 15 ft				
Depth to water 4.84 ft.				
Casing depth: 15 ft. Casing Mate	erial: Steel Plastic Concrete Clay Brick Stone			
Casing diameter: 2 in.				
Year or decade constructed: 1994 Type of Cor	nstruction: Drilled Driven Bored Augured Dug			
Is this a Monitoring Well? Yes No Well ID:	2MW			
Check if Cistern Depth: ft. Diame	eter: ft.			
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	Date Plugged:			
If plugged by certified well contractor, complete this box:				
I have plugged this well as required by rule 567-39.8 of th	ne Iowa Administrative Code (IAC).			
Signature of Contractor: Line form 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:				
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 High Half Dept. 5895 NE-141-5t. Des Moines, IA 503/3	Water Supply Section lowa Department of Natural Resources 502 E 9 th St			
Des Meines, IA 503/3	Des Moines IA 50319-0034			



1. Owner.				
me: 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	n on property: see attached map			
GPS Well Location: Latitude:	Longitude:			
3. Well Description:				
Well depth: 18 ft				
Depth to water 5.61 ft.				
Casing depth: 18 ft. Casing Materia	al: Steel Plastic Concrete Clay Brick Stone			
Casing diameter: 2 in.				
Year or decade constructed: 2012 Type of Constr	uction.			
Is this a Monitoring Well? Yes No Well ID: 50	WR			
Check if Cistern Depth: ft. Diameter	ft.			
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	Date Plugged: 6/20//			
If plugged by certified well contractor, complete this box:	, ,			
I have plugged this well as required by rule 567-39.8 of the le	owa Administrative Code (IAC).			
Signature of Contractor: for for Cert No: 5727				
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:				
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 Polic Co. Health Bept. 5895 NEIYH St. Des Moines, ZA 50313	Water Supply Section lowa Department of Natural Resources 502 E 9 th St			
Des Muines, ZA 503/3	Des Moines IA 50319-0034			



1. Owner.	E45 000 0570			
Name: City of Ankeny				
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):				
r	23 , T 80 N, R 24 East West			
County: Polk Describe well location				
GPS Well Location: Latitude:	 			
3. Well Description:				
Well depth: 18 ft				
Depth to water 5.21 ft.				
	: Steel Plastic Concrete Clay Brick Stone			
Casing diameter: 2 in.				
	uction: Drilled Driven Bored Augured Dug			
Is this a Monitoring Well? Yes No Well ID: 7M	WR			
Check if Cistern Depth: ft. Diameter:	ft.			
I certify this well has been plugged as required by rule 567-39				
any additional information the county or department may nee	d concerning this well.			
Signature of Owner	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 lo	wa Administrative Code (IAC).			
Signature of Contractor: fair kyl long Cert No: 5222				
Signature of Contractor. Jan 1911 Jan	The second secon			
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:				
Elizible for Create to Counting and charge T Von T 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 the local county agent: OR, only if no county agent is available, to:				
Fred Hale Water Supply Section				
Polk Co, Health Dept.	iowa Department of Natural Resources 502 E 9 th St			
Polk Co, Health Dept. 5895 NE 14452. Des Meines JA 50313	Des Moines IA 50319-0034			



1. Owner:				
Name: City of Ankeny Phone: 515-963-3570				
Address: 410 West First Street				
City: Ankeny State:	A Zip: 50023			
If this was a Dublis Mater County Mail also as a serial of				
If this was a Public Water Supply Well, please provide:	DWOID N			
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 6.57 ft.				
	Steel Plastic Concrete Clay Brick Stone			
Casing diameter: 2 in.				
	ction: Drilled Driven Bored Augured Dug			
Is this a Monitoring Well? Yes No Well ID: 8MV	,			
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). Lagree to provide			
any additional information the county or department may need	concerning this well.			
Signature of Owner	Date Plugged: <u> </u>			
- Ignature of Switch				
If plugged by certified well contractor, complete this box:				
I have plugged this well as required by rule 567-39.8 of the lo	wa Administrative Code (IAC).			
Signature of Contractor: Fine feet forms u	Cert No: 5 6 27			
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:				
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:				
Kred Hake Water Supply Section				
AJK G. Hadde Dept. Iowa Department of Natural Resources 502 E 9th St				
Der Mines, Z4 503/3	Des Moines IA 50319-0034			



1. Owner:					
Name: City of Ankeny		Phone: 515-963-3570			
Address: 410 West First Street	et				
City: Ankeny		State: IA	\	Zip: 50023	
If this was a Public Water	Supply Well, p	olease provide:			
D14/01D 41			PW	/SID Number:	
L					
2. Location of Well (Cist		1/ of Continu	23 T	80 N.D. 24 D. Foot D. Moot	
				80 N, R 24	
·				see attached map	
GPS Well Location. Latitude	1		LONG	itude:	
3. Well Description:					
Well depth:	18 ft				
Depth to water	5.79 ft.				
Casing depth:	<u>18</u> ft.	Casing Material:	☐ Steel ■] Plastic 🗌 Concrete 🗌 Clay 🔲 Brick 🗋 Stone	
Casing diameter:	<u>2</u> in.				
Year or decade constructed:	2012	Type of Construc	tion: 🔲 Di	rilled 🗌 Driven 🗌 Bored 🔳 Augured 🗌 Dug	
Is this a Monitoring Well?	Yes No	Well ID: 11MV	<u> </u>		
any additional information the	e county or depa	rtment may need	concerning t		
Signature of Owner		ful)	<u> </u>	Date Plugged: 6/19/15—	
If plugged by certified well co	intractor comple	ete this box:			
I have plugged this well as re			a Administra	tive Code (IAC).	
. ••		/		Cert No: <u>5 1 2 7</u>	
OR, if plugged by well owner	complete this t	NOV.	···		
The property owner has plug	ged this well foll	owing requiremen	ts in rule 567	7-39.8 of the Iowa Administrative Code (IAC)	
with the oversight and assista				` '	
Signature of County Agent	:			Date Approved:	
Eligible for Grants-to-Countie	es cost share:]Yes ☐ No (De	termined 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 Water Supply Section lowa Department of Natural Resource S895 NE 14 ¹⁴ St. 502 E 9 th St				rtment of Natural Resources	
Der Maiher ZA 503/3			Des Moines IA 50319-0034		



i. 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):				
	n 23 , T 80 N, R 24 🔲 East 🔳 West			
, 	n on property: see attached map			
GPS Well Location: Latitude:	Longitude:			
3. Well Description:				
Well depth: 18 ft				
Depth to water 4.95 ft.				
-	al: Steel Plastic Concrete Clay Brick Stone			
Casing diameter: 2 in.				
	ruction: Drilled Driven Bored Augured Dug			
Is this a Monitoring Well? Yes No Well ID: 12	<u>2MW</u>			
Check if Cistern Depth: ft. Diamete	r: 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 ne	ed concerning this well.			
Signature of Owner	Date Plugged: 6/14/15			
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).			
Simplying of Contractors W. And I	Cert No: 5222			
Signature of Contractor:	cert No			
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:				
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 Water Supply Section				
Polic Co. Has III Dept. lowa Department of Natural Resources 502 E 9th St				
Des Meines, ZA 563/3 Des Moines IA 50319-0034				
MEDICALIAN -				



1. Owner:					
Name: City of Ankeny		Phone: 515-963-3570			
Address: 410 West First Street	et				
City: Ankeny		State: 1/	4	Zip: 50023	
If this was a Public Water	Supply Well u	olesse provide:			
				/SID Number:	
<u> </u>					
2. Location of Well (Cist		1/ -5 0 - 4: -	22 -	90 N.D.24 D.E., A.E.W.4	
				80 N, R 24 East West	
				see attached map	
GPS Well Location: Latitude): 		Long	itude:	
3. Well Description:					
Well depth:	<u>18</u> ft				
Depth to water	4.84 ft.				
Casing depth:	18 ft.	Casing Material:	Steel	Plastic Concrete Clay Brick Stone	
Casing diameter:	2 in.				
Year or decade constructed:	2012	Type of Construc	ction: 🔲 D	rilled 🗌 Driven 🗌 Bored 🔳 Augured 🔲 Dug	
Is this a Monitoring Well?	Yes \[\] No	Well ID: 13M\	W		
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:					
I have plugged this well as required by rule 567-39.8 of the lowa Administrative Code (IAC). Signature of Contractor: Signature of Contractor: Signat					
OR, if plugged by well owner	, complete this t	oox: lowing requiremen	nts in rule 567	7-39.8 of the Iowa Administrative Code (IAC)	
Signature of County Agent	:			Date Approved:	
Eligible for Grants-to-Countie	es cost share: [] Yes 🏻 No (De	etermined by	County Agent)	
Complete one form for each well plugged and submit within					
30 days to the local county agent: OR, only if no county agent is available, to: Water Supply Section					
Fred Hale Polk Co, Health Gept, 5878 NE 14th St.			Iowa Depa	rtment of Natural Resources	
5875 NE 141 St.			502 E 9 th S		
Des Maihes IA 503/3			Des Moine	s IA 50319-0034	



1. Owner:				
Name: City of Ankeny		·	Phone:	515-963-3570
Address: 410 West First Stree	t			
City: Ankeny		State: IA		Zip: 50023
If this was a Public Mater	Cupaly Wall r	lacco provide:		
If this was a Public Water S PWSID Name:			PWSID Num	ahar.
FVVSID Name.			FVVJID I4dii	iber.
2. Location of Well (Ciste	ern):			
	NW 1/4 of, NW 1/4 of, NE 1/4 of, Section 23 , T 80 N, R 24 East West			
County: Polk		ribe well location o	n property: see attac	:hed map
GPS Well Location: Latitude:	·		Longitude:	
3. Well Description:				
Well depth:	18 ft			
Depth to water	11.28 ft.			
Casing depth:	18 ft.	Casing Material:	Steel Plastic [☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter:	2 in.			
Year or decade constructed:	2012	Type of Construc	tion: Drilled D	Driven 🗌 Bored 🔳 Augured 🗌 Dug
Is this a Monitoring Well?	■ Yes ☐ No	Well ID: 15MV	<u>v</u>	
Check if Cistern Depth:		ft. Diameter:	ft.	
		-		
I certify this well has been plu	gged as require	ed by rule 567-39.8	B of the Iowa Administ	rative Code (IAC). I agree to provide
any additional information the	county or depa	<i>1</i> • • • • • • • • • • • • • • • • • • •		
Signature of Owner	1//	w		Date Plugged: 6/19/15
If plugged by certified well cor	ntractor, comple	ete this box:		•
I have plugged this well as red			a Administrative Code	e (IAC).
				Cert No: <u>5222</u>
Signature of Contractor:	Lu 13	MIN KINN	<i>e</i> 6	Cen No. 32/22
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)				
Eligible for Grants-to-Counties cost share. [] Tes [] 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:				nty agent is available, to:
Fred Hale Water Supply Section				
PAIK Co. Health Dept. S895 NE 14 Ph. St. S02 E 9th St				
Des Meines, IA 503/3			Des Moines IA 503	19-0034



