

## GEOTEK ENGINEERING

909 East 50th Street North Sioux Falls, South Dakota 57104 605-335-5512 • FAX 605-335-0773 1-800-354-5512 www.geotekeng.com

**CON 12-15** Doc #31106

July 24, 2015

Matt Culp **Environmental Specialist Senior** Contaminated Sites Section Iowa Department of Natural Resources Wallace Building Des Moines, IA 50319

Monitoring Well Abandonment Subi:

Former Thermogas Facility

3008 South Center Street, Marshalltown, IA

GeoTek #14-112

Dear Mr. Culp:

As per the Iowa Department of Natural Resources (DNR) April 1, 2015 Site Monitoring Report Review letter, the referenced site was classified no action required (NAR). On behalf of the responsible party; CHS Inc., GeoTek Engineering and Testing Services, Inc. (GeoTek) abandoned and plugged eleven monitoring wells at the site in accordance with 567 Iowa Administrative Code Chapter 39. The following eleven monitoring wells were abandoned on July 14, 2015 by Iowa Certified Well Contractor #6662: MW2A, MW3A, MW4A, MW5, MW6, MW7, MW8R, MW10, MW11, MW12 and MW16. DNR Form 542-1226, Abandoned Water Well Plugging Record, for these eleven monitoring wells are attached. Monitoring wells MW9 and MW17 could not be located.

If there are questions concerning the project site, or you desire clarification of any items in the report, please contact our office at 1-800-354-5512 or 605-335-5512.

Respectfully Submitted,

GeoTek Engineering & Testing Services, Inc.

Senior Project Manager

CGWP #1169

Todd King, CHS Inc., 5500 Cenex Drive, Inver Grove Heights, MN 55077 cc:

43736 JUL29'15 PM 4:14



Name: CHS Inc.	Phone: (651) 255.6242	
Address: 5500 Cenex Drive	Phone: (651) 355-6343	
City: Inver Grove Heights Stat	e: MN Zip: 55077	
city. Invertible treights . State	E. MIN 219. 33077	
If this was a Public Water Supply Well, please provide	e:	
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
NW ¼ of, SW ¼ of, SE ¼ of, Sect	tion 11 , T 83 N, R 18 🗌 East 🖾 West	
County: Marshall Describe well loca	ation on property: Well location shown on attached site map	
GPS Well Location: Latitude:	Longitude:	
3. Well Description:		
Well depth: /5 ft		
Depth to water /0.1 ft.		
Casing depth: <b></b> ft. Casing Ma	terial: 🗌 Steel 🖾 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🗀 Stone	
Casing diameter: in.		
	onstruction: 🗌 Drilled 🗌 Driven 🗌 Bored 🖾 Augured 🗌 Dug	
Is this a Monitoring Well? Yes No Well ID: _	MWIG	
Check if Cistern Depth: ft. Diame	eter: ft.	
I certify this well has been plugged as required by rule 567 additional information the county or department may noe Signature of Owner	ر 39,8 of the Iowa Administrative Code (IAC). I agree to provide any d concerning this well.  Date Plugged: بالكر الله الله الله الله الله الله الله الل	
If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the	e Iowa Administrative Code (IAC).	
Signature of Contractor:	Cert No: 6662	
OR, If plugged by well owner, complete this box:		
	rements in rule 567-39.8 of the Iowa Administrative Code (IAC) with	
the oversight and assistance of the designated county ager	nt.	
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 with	in 30	
days to the local county agent:	OR, only if no county agent is available, to:	
	Water Supply Section Iowa Department of Natural Resources 401 SW 7th St Ste M	
	Des Moines IA 50309-4611	



	Phone: (651) 355-6343
State: MN	Zip: <u>55077</u>
lease provide:	
PW	/SID Number:
¼ of, Section 11 , T	83 N, R 18 🗌 East 🖂 West
cribe well location on property:	Well location shown on attached site map
Longi	itude:
	*\$
. Casing Materiał: 🗌 Steel 🛛	Plastic Concrete Clay Brick Stone
Type of Construction: 🔲 Dr	rilled 🗌 Driven 🗌 Bored 🔀 Augured 🗌 Dug
Well ID: MWIZ	
ft Diameter	ft.
ment may need concerning this w	
	ive Code (IAC)
39.6 of the lowa Authinistrati	
The property	Cert No: 6662
DOX:	-39.8 of the Iowa Administrative Code (IAC) with
ed county agent.	ovio of the fower familiation code (inc) with
	Date Approved:
	Date Approved.
_ Yes ∟ No (Determined by Cou	unty Agent)
	f no county agent is available, to:
Water Supp	ply Section
Iowa Dena	rtment of Natural Resources
401 SW 7th	
	State: MN  lease provide:



Name: CHS Inc.		Pho	ne: (651) 355-63	343	
Address: 5500 Cenex Drive					
City: Inver Grove Heights	State: MN		Zip:	55077	
If this was a Public Water Supply Well, pleas	se provide:				
PWSID Name:		PWSID	Number:		
2. Location of Well (Cistern):					
NW 14 of, SW 14 of, SE	¼ of, Section 11	T 83	N, R 18	🗌 East	⊠ West
County: Marshall Describ	e well location on p	roperty: We	Il location shown o	on attached site	map
GPS Well Location: Latitude:		Longitude	e:		
3. Well Description:		• • •			
Well depths					
Depth to water ft.		* 5.		•	* .
Casing depth: ft.	Casing Material: [	] Steel 🛭 Plas	stic 🔲 Concrete 🗌	] Clay 🔲 Brick	☐ Stone
Casing diameter: in.					, .
Year or decade constructed: 2003	Type of Construction	n: 🔲 Drilled	d 🔲 Driven 🔲 Bor	ed 🛛 Augured	☐ Dug
Is this a Monitoring Well? Yes 🗌 No	Well ID: MWIL	<del></del>		•	
I certify this well has been plugged as required by additional information the county or department of Owner	t may need concern		nistrative Code (IA		rovide any
If plugged by certified well contractor, complete I have plugged this well as required by rule 567-		Initiatentiva C	Code (IAC)	·/	<del></del>
	~	وأساد		· .	
Signature of Contractor:	2007	<del></del>	Cert No	666	<u> </u>
OR, If plugged by well owner, complete this box:		· ·			
The property owner has plugged this well follow the oversight and assistance of the designated co		n rule 567-39.	8 of the Iowa Admi	nistrative Code	(IAC) with
Signature of County Agent:			Date Approved		
	•. •		· · · · · · · · · · · · · · · · · · ·	1.	
Eligible for Grants-to-Counties cost share: Ye	es 🗌 No (Determi	ned by County	Agent)		-
Complete one form for each well plugged and su days to the local county agent:	·		county agent is ava	ilable, to:	· .
	16	Vater Supply S owa Departm 01 SW 7th St S es Moines IA	ent of Natural Res te M	sources	·



1. Owner:	
Name: CHS inc.	Phone; (651) 355-6343
Address: 5500 Cenex Drive	
City: Inver Grove Heights State	e: MN Zip: 55077
icul:	
If this was a Public Water Supply Well, please provide	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
NW ¼ of, SW ¼ of, SE ¼ of, Secti	ion 11 , T 83 N, R 18 🗌 East 🛛 West
County: Marshall Describe well local	tion on property: Well location shown on attached site map
GPS Well Location: Latitude:	Longitude:
3. Well Description:	
Well depth: 20 ft	
Depth to waterft.	
	terial: Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.	
	nstruction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID:	
Check if Cistern Depth: ft. Diamet	ter: ft.
I certify this well has been plugged as required by rule 567 additional information the county or department may need Signature of Owner  If plugged by certified well contractor, complete this box:	Date Plugged: July 14, 2015
I have plugged this well as required by rule 567-39.8 of the	
Signature of Contractor:	Cert No: 6662
OR, If plugged by well owner, complete this box:	
	ements in rule 567-39.8 of the Iowa Administrative Code (IAC) with
the oversight and assistance of the designated county agen	
Cimphyn of County Agents	Data Annuoused
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	
days to the local county agent:	OR, only if no county agent is available, to:
	Water Supply Section Iowa Department of Natural Resources
	401 SW 7th St Ste M
	Des Moines IA 50309-4611



1. Owner:			
Name: CHS Inc.	Phone: (651) 355-6343		
Address: 5500 Cenex Drive			
City: Inver Grove Heights State: 1	MN Zip: <u>55077</u>		
If this was a Public Water Supply Well, please provide:			
Division M	PWSID Number:		
PWSID Name:	1 Wold Rullber,		
2. Location of Well (Cistern):			
NW ¼ of, SW ¼ of, SE ¼ of, Section			
	on property: Well location shown on attached site map		
GPS Well Location: Latitude:	Longitude:		
3. Well Description:			
Well depth:15 ft			
Depth to water 9.3 ft.			
Casing depth:ft. Casing Materia	l: 🔲 Steel 🛭 Plastic 🗌 Concrete 🗌 Clay 🗌 Brick 🗀 Stone 🐰		
Casing diameter: in.			
Year or decade constructed: 2043 Type of Constru	uction: 🗌 Drilled 🗌 Driven 🔲 Bored 🔀 Augured 🗌 Dug		
Is this a Monitoring Well? Yes \(\sum \) No Well ID:	<del>1</del>		
Check if Cistern Depth: ft. Diameter:	ft.		
	•		
I certify this well has been plugged as required by rule 567-39.8			
additional information the county or department may need con			
Signature of Owner	Date Plugged: 14, 20, 5		
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: 6662			
Signature of Contractor.	Cert No: 6662		
OR, if plugged by well owner, complete this box:			
The property owner has plugged this well following requirement	nts 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:		
	Water Supply Section Iowa Department of Natural Resources		
	401 SW 7th St Ste M		
1	Dec Melyes IA 50200 4644		



1. Owner:			
	· ·	Phone: (651) 355-6343	
Address: 5500 Cenex Drive			<del></del>
City: Inver Grove Heights	State: _M	1N Zip: <u>55</u>	077
If this was a Public Water Supp	ly Well, please provide:		
PWSID Name:	<del></del>	PWSID Number:	
2. Location of Well (Cistern):			
NW ¼ of, SW ¼ of	of, SE ¼ of, Section	11 ,T 83 N,R 18	☐ East 🛮 West
County: Marshall	Describe well location o	on property: Well location shown on	attached site map
GPS Well Location: Latitude:		Longitude:	
3. Well Description:			
Well depth:	<b>/5</b> ft		
Depth to water 13.	58 ft.	47.	
Casing depth:	ft. Casing Material:	☐ Steel ☑ Plastic ☐ Concrete ☐ C	lay 🗌 Brick 🔲 Stone
	<b>2</b> in.	:	
Year or decade constructed:	Type of Construc	ction: 🔲 Drilled 🗌 Driven 🗋 Bored	Augured Dug
Is this a Monitoring Well?	Yes No Well ID: MU	<i>N</i> b	
I certify this well has been plugged additional information the county  Signature of Owner  If plugged by certified well contract	or department may need conc	of the Iowa Administrative Code (IAC) cerning this well.  Date Plugged:	
I have plugged this well as require		Administrative Code (IAC).	
			1115
Signature of Contractor:	- Don -	Cert No:	6662
OR, If plugged by well owner, com	inlata this have	The second of the second	
		ts in rule 567-39.8 of the Iowa Adminis	strative Code (IAC) with
the oversight and assistance of the		***	
Signature of County Agent:		Date Approved:	
Eligible for Grants-to-Counties cos	st share: \( \text{Yes} \) No (Deter	rmined by County Agent)	<del></del>
Complete one form for each well p days to the local county agent:	olugged and submit within 30	OR, only if no county agent is availa	thle to
days to the local county agent.		Water Supply Section	
		Iowa Department of Natural Resou	ırces
		401 SW 7th St Ste M	
		Des Moines IA 50309-4611	



1. Owner:	<del></del>		<del></del>
		Phone: (651) 355-6343	<del></del>
Address: 5500 Cenex Drive			<del></del>
City: Inver Grove Heights	State: MN	Zip: <u>55077</u>	
If this was a Public Water Supply Well, please p	rovide:		
PWSID Name:	P	PWSID Number:	
2. Location of Well (Cistern):			
NW ¼ of, SW ¼ of, SE ¼	of, Section 11 ,	T 83 N, R 18 🔲 Eas	t 🛛 West
County: Marshall Describe w	ell location on property	: Well location shown on attached s	ite map
GPS Well Location: Latitude:	Lor	ngitude:	
3. Well Description:			
Well depth:ft			,
Depth to water <b>9.6</b> ft.		•	4.5
Casing depth: 4 ft. Cas	ing Material: Steel	🔀 Plastic 🗌 Concrete 🗌 Clay 🗌 Brid	ck 🗌 Stone
Casing diameter: in.	. :		
Year or decade constructed: 2005 Typ	e of Construction:	Drilled ☐ Driven ☐ Bored ☒ Augur	ed 🔲 Dug
Is this a Monitoring Well? Yes No Wel	IIID: MWZA		M <sub>4</sub>
Check if Cistern Depth: ft.	Diameter	ft	<del>· · · · · · · · · · · · · · · · · · · </del>
additional information the county or department m  Signature of Owner  If plugged by certified well contractor, complete thi	King	Date Plugged:	14,201
I have plugged this well as required by rule 567-39.			
Signature of Contractor:	27	Cert No: <u>66</u>	62
OR, If plugged by well owner, complete this box:	· · · · · · · · · · · · · · · · · · ·		
The property owner has plugged this well following		57-39.8 of the Iowa Administrative Co	de (IAC) with
the oversight and assistance of the designated coun	ty agent.		•
Signature of County Agent:		Date Approved:	
Eligible for Grants-to-Counties cost share:  Yes	No (Determined by (	County Agent)	
		- <del>-</del> -	•
Complete one form for each well plugged and subm		-	
days to the local county agent:		y if no county agent is available, to:	
		apply Section  partment of Natural Resources	
		7th St Ste M	
		nes IA 50309-4611	



1. Owner:			
Name: CHS Inc.		Phone: (651) 355-6343	
Address: 5500 Cenex Drive	<del> </del>		
City: Inver Grove Heights	State: MN	Zip: <u>55</u>	077
If this was a Public Water Supply Well, 1	please provide:		
PWSID Name:		PWSID Number:	
			<u> </u>
2. Location of Well (Cistern):			
		, T <u>83</u> N, R <u>18</u>	· <del></del>
		perty: Well location shown on	
GPS Well Location: Latitude:		Longitude:	·
3. Well Description:			<i>;</i>
Well depth: 15 f	ft		
]	ft.	*5	<i>;</i>
Casing depth: 5 f	ft. Casing Material:	Steel 🛛 Plastic 🗌 Concrete 🔲 C	lay 🗌 Brick 🔲 Stone
Casing diameter:	n.	:	
Year or decade constructed: 200's	Type of Construction:	🗌 Drilled 🗌 Driven 🗌 Bored	☐ Augured ☐ Dug
Is this a Monitoring Well? Xes N	No Well ID: MW4A		
Check if Cistern Depth:	ft. Diameter:	ft.	<del></del>
I certify this well has been plugged as requi additional information the county or depar Signature of Owner	tment may need concerning	g this well.  Date Plugged:	July 14, 2015
If plugged by certified well contractor, com		<del></del>	<u>/                                     </u>
I have plugged this well as required by rule	567-39.8 of the Iowa Adm	inistrative Code (IAC).	
Signature of Contractor:	m Solder	Cert No:	6662
		<u> </u>	
OR, If plugged by well owner, complete this		1- FC7 20 0 - Call - L Add - : :	
The property owner has plugged this well for the oversight and assistance of the designal		ule 567-39.8 of the lowa Admini	trative Lode (IAC) with
		a.*	
Signature of County Agent:	*	Date Approved:	
			1, 1
Eligible for Grants-to-Counties cost share:	☐ Yes ☐ No (Determine	d by County Agent)	
Complete one form for each well plugged and days to the local county agent:		R, only if no county agent is availa	ble, to:
		ter Supply Section	
		va Department of Natural Resou LSW 7th St Ste M	irces
		Moines IA 50309-4611	



1. Owner:	·	
Name: CHS Inc.	· · · · · · · · · · · · · · · · · · ·	Phone: (651) 355-6343
Address: 5500 Cenex Drive		
City: Inver Grove Heights	State: MN	Zip: <u>55077</u>
If this was a Public Water Supply W	/ell, please provide:	
PWSID Name:	P	WSID Number:
2. Location of Well (Cistern):		
NW ¼ of, SW ¼ of,	SE ¼ of, Section 11 ,	T 83 N, R 18 East West
County: Marshall	Describe well location on property:	: Well location shown on attached site map
GPS Well Location: Latitude:	Lor	ngitude:
3. Well Description:		
Well depth: /5	ft	
Depth to water 6. 9	ft.	
Casing depth:	ft. Casing Material: 🔲 Steel 🕻	🔀 Plastic 🗌 Concrete 🗌 Clay 🗌 Brick 🗍 Stone
Casing diameter:		
Year or decade constructed:	Type of Construction:	Drilled 🗌 Driven 🔲 Bored 🔯 Augured 🔲 Dug
Is this a Monitoring Well? Xes	No Well ID: MW3A	
I certify this well has been plugged as a additional information the county or d  Signature of Owner  If plugged by certified well contractor,	epartment may need concerning this	Administrative Code (IAC). I agree to provide any well.  Date Plugged: 14, 201
I have plugged this well as required by	rule 567-39.8 of the Iowa Administra	ative Code (IAC).
Signature of Contractor:	Y TOOK	Cert No: <u>6662</u>
OR, if plugged by well owner, complete The property owner has plugged this v the oversight and assistance of the des	vell following requirements in rule 56	57-39.8 of the Iowa Administrative Code (IAC) with
Signature of County Agent:		Date Approved:
Eligible for Grants-to-Counties cost sh	· · · · · · · · · · · · · · · · · · ·	County Agent)
Complete one form for each well plugg		
days to the local county agent:		y if no county agent is available, to: upply Section
	Iowa Der 401 SW 7	partment of Natural Resources 7th St Ste M



1. Owner:	
Name: CHS Inc.	Phone: (651) 355-6343
Address: 5500 Cenex Drive	
City: Inver Grove Heights	State: MN Zip: 55077
If this was a Public Water Supply Well, please pro	ovide:
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
	f, Section 11 , T 83 N, R 18 🗌 East 🛛 West
	ll location on property: Well location shown on attached site map
1	Longitude:
3. Well Description:	
Well depth: 15 ft	
Depth to water 9.9 ft.	
	ng Material: Steel 🛛 Plastic 🗌 Concrete 🗌 Clay 🔲 Brick 🗌 Stone
Casing diameter: 2 in.	
	of Construction: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes. No Well 1	ID: <u>MW5</u>
Check if Cistern Depth: ft. D	Diameter: ft.
additional information the county or department may  Signature of Owner  If plugged by certified well contractor, complete this be	Date Plugged: July 14, 201
I have plugged this well as required by rule 567-39.8 of	
	A second of the
Signature of Contractor:	De J. Cert No: 6662
OR, If plugged by well owner, complete this box:	equirements in rule 567-39.8 of the Iowa Administrative Code (IAC) with
the oversight and assistance of the designated county	
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	
days to the local county agent:	OR, only if no county agent is available, to:
	Water Supply Section Iowa Department of Natural Resources
	401 SW 7th St Ste M
· ·	Des Moines IA 50309-4611



1. Owner:	D) ((#4) 0FF (0.10	
Name: CHS Inc.	Phone: (651) 355-6343	
Address: 5500 Cenex Drive		
City: Inver Grove Heights State:	: <u>MN</u> Zip: <u>55077</u>	
If this was a Public Water Supply Well, please provide:		
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
NW ¼ of, SW ¼ of, SE ¼ of, Section	on <u>11</u> , T <u>83</u> N, R <u>18</u> East 🛛 West	
County: Marshall Describe well locat	ion on property: Well location shown on attached site map	
GPS Well Location: Latitude:	Longitude:	
3. Well Description:		
Well depth:ft		
Depth to waterft.		
Casing depth:ft. Casing Mate	erial: 🔲 Steel 🖾 Plastic 🗌 Concrete 🗌 Clay 🔲 Brick 🔲 Stone	
Casing diameter: in.		
Year or decade constructed: 2003 Type of Con	struction: 🔲 Drilled 🗌 Driven 🗌 Bored 🔀 Augured 🔲 Dug	
Is this a Monitoring Well? Yes \(\sum \) No Well ID:	MWIO	
Check if Cistern Depth: ft. Diamete	er: 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: 14, 2015		
If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the	<del></del>	
Signature of Contractor:	Cert No: 6662	
OR, If plugged by well owner, complete this box:		
The property owner has plugged this well following require	ments 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:		
Zinglisto for draine to confined cost share. [] 163 [] NO (I	second by councy rigority	
Complete one form for each well plugged and submit within	130	
days to the local county agent:	OR, only if no county agent is available, to:	
·	Water Supply Section Iowa Department of Natural Resources 401 SW 7th St Ste M	
	Des Moines IA 50309-4611	



MONITORING WELL

GODFREY MOTORS (FORMER THERMOGAS FACILITY)

ACAD\GEOTEK\LINDA\14-112

AERIAL SITE LOCATION MAP

3008 S CENTER ST

MARSHALLTOWN, IA

FIGURE 2

PROJECT#: 14-112 GEOTEK ENGINEERING & TESTING SERVICES, INC. DRAWN BY: CSP CHECKED BY:

