



**GEOTEK ENGINEERING
& TESTING SERVICES, INC.**
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

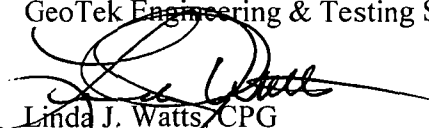
Subj: Monitoring Well Abandonment
Former Thermogas Facility
3008 South Center Street, Marshalltown, IA
GeoTek #14-112

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.


Linda J. Watts/CPG
Senior Project Manager
CGWP #1169

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

43736 JUL29'15 PM 4:14



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

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 provide:

PWSID Name: _____ PWSID 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: _____ Longitude: _____

3. Well Description:

Well depth: 15 ft
Depth to water: 10.1 ft.
Casing depth: 5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2000's Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW16

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

Date Plugged:

July 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 Iowa Administrative Code (IAC).

Signature of Contractor:

Cert No:

6662

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:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th St Ste M
Des Moines IA 50309-4611



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

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 provide:

PWSID Name: _____ PWSID 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: _____ Longitude: _____

3. Well Description:

Well depth: 1.5 ft.
Depth to water: 6.46 ft.
Casing depth: 5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2003 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW12

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: July 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 Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert No: 6662

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:

	Water Supply Section Iowa Department of Natural Resources 401 SW 7 th St Ste M Des Moines IA 50309-4611
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>CHS Inc.</u>	Phone: <u>(651) 355-6343</u>
Address: <u>5500 Cenex Drive</u>	
City: <u>Inver Grove Heights</u>	State: <u>MN</u> Zip: <u>55077</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> ¼ of, <u>SW</u> ¼ of, <u>SE</u> ¼ of, Section <u>11</u> , T <u>83</u> N, R <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Marshall</u> Describe well location on property: <u>Well location shown on attached site map</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well 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
Depth to water: <u>6</u> ft.	
Casing depth: <u>5</u> ft.	
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2003</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>MW11</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

Joelle King

Date Plugged:

July 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 Iowa Administrative Code (IAC).

Signature of Contractor:

[Signature]

Cert No:

6662

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:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th St Ste M
Des Moines IA 50309-4611



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

1. Owner:

Name: <u>CHS Inc.</u>	Phone: <u>(651) 355-6343</u>
Address: <u>5500 Cenex Drive</u>	
City: <u>Inver Grove Heights</u>	State: <u>MN</u> Zip: <u>55077</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> ¼ of, <u>SW</u> ¼ of, <u>SE</u> ¼ of, Section <u>11</u> , T <u>83</u> N, R <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Marshall</u> Describe well location on property: <u>Well location shown on attached site map</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: <u>20</u> ft.	
Depth to water: <u>18.7</u> ft.	
Casing depth: <u>5</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>2014</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>MW8A</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

Joelle King

Date Plugged:

July 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 Iowa Administrative Code (IAC).

Signature of Contractor:

[Signature]

Cert No:

6662

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:

	Water Supply Section Iowa Department of Natural Resources 401 SW 7th St Ste M Des Moines IA 50309-4611
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>CHS Inc.</u>	Phone: <u>(651) 355-6343</u>
Address: <u>5500 Cenex Drive</u>	
City: <u>Inver Grove Heights</u>	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):

<u>NW</u> $\frac{1}{4}$ of, <u>SW</u> $\frac{1}{4}$ of, <u>SE</u> $\frac{1}{4}$ of, Section <u>11</u> , T <u>83</u> N, R <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Marshall</u> Describe well location on property: <u>Well location shown on attached site map</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: <u>15</u> ft.	
Depth to water: <u>9.3</u> ft.	
Casing depth: <u>5</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>2003</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>MW7</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: Joelle King Date Plugged: July 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 Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert No: 6662

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:

	Water Supply Section Iowa Department of Natural Resources 401 SW 7th St Ste M Des Moines IA 50309-4611
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>CHS Inc.</u>	Phone: <u>(651) 355-6343</u>
Address: <u>5500 Cenex Drive</u>	
City: <u>Inver Grove Heights</u>	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):

<u>NW</u> ¼ of, <u>SW</u> ¼ of, <u>SE</u> ¼ of, Section <u>11</u> , T <u>83</u> N, R <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Marshall</u> Describe well location on property: <u>Well location shown on attached site map</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: <u>15</u> ft	
Depth to water: <u>13.58</u> ft	
Casing depth: <u>5</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>2003</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>MW6</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

Todd King

Date Plugged:

July 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 Iowa Administrative Code (IAC).

Signature of Contractor:

[Signature]

Cert No:

6662

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:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th St Ste M
Des Moines IA 50309-4611



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

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 provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, SE $\frac{1}{4}$ 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: _____ Longitude: _____

3. Well Description:

Well depth: 14 ft.
Depth to water: 9.6 ft.
Casing depth: 4 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2000's Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW2A

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

Date Plugged:

July 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 Iowa Administrative Code (IAC).

Signature of Contractor:

Cert No:

6662

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:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th St Ste M
Des Moines IA 50309-4611



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

1. Owner:

Name: <u>CHS Inc.</u>	Phone: <u>(651) 355-6343</u>
Address: <u>5500 Cenex Drive</u>	
City: <u>Inver Grove Heights</u>	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):

<u>NW</u> ¼ of, <u>SW</u> ¼ of, <u>SE</u> ¼ of, Section <u>11</u> , T <u>83</u> N, R <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Marshall</u> Describe well location on property: <u>Well location shown on attached site map</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: <u>15</u> ft	
Depth to water: <u>7</u> ft	
Casing depth: <u>5</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>2000's</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>MW4A</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

Todd King

Date Plugged:

July 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 Iowa Administrative Code (IAC).

Signature of Contractor:

[Signature]

Cert No:

6662

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:

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401 SW 7th St Ste M
Des Moines IA 50309-4611



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

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 provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, SE $\frac{1}{4}$ 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: _____ Longitude: _____

3. Well Description:

Well depth: 15 ft.
Depth to water: 6.9 ft.
Casing depth: 5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2000's Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW3A

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: Joelle King

Date Plugged: July 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 Iowa Administrative Code (IAC).

Signature of Contractor: [Signature]

Cert No: 6662

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:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th St Ste M
Des Moines IA 50309-4611



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

1. Owner:

Name: <u>CHS Inc.</u>	Phone: <u>(651) 355-6343</u>
Address: <u>5500 Cenex Drive</u>	
City: <u>Inver Grove Heights</u>	State: <u>MN</u> Zip: <u>55077</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> ¼ of, <u>SW</u> ¼ of, <u>SE</u> ¼ of, Section <u>11</u> , T <u>83</u> N, R <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Marshall</u> Describe well location on property: <u>Well location shown on attached site map</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well 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
Depth to water: <u>9.9</u> ft.	
Casing depth: <u>5</u> ft.	
Casing diameter: <u>2</u> in.	
Year or decade constructed: <u>2013</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>MW5</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

Todd King

Date Plugged:

July 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 Iowa Administrative Code (IAC).

Signature of Contractor:

[Signature]

Cert No:

6662

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:

	Water Supply Section Iowa Department of Natural Resources 401 SW 7 th St Ste M Des Moines IA 50309-4611
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
Plugging Record**

1. Owner:

Name: <u>CHS Inc.</u>	Phone: <u>(651) 355-6343</u>
Address: <u>5500 Cenex Drive</u>	
City: <u>Inver Grove Heights</u>	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):

<u>NW</u> ¼ of, <u>SW</u> ¼ of, <u>SE</u> ¼ of, Section <u>11</u> , T <u>83</u> N, R <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Marshall</u> Describe well location on property: <u>Well location shown on attached site map</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: <u>15</u> ft.	
Depth to water: <u>13'</u> ft.	
Casing depth: <u>5</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>2003</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>MW10</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: Todd King Date Plugged: July 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 Iowa Administrative Code (IAC).	
Signature of Contractor: <u>[Signature]</u>	Cert No: <u>6662</u>

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

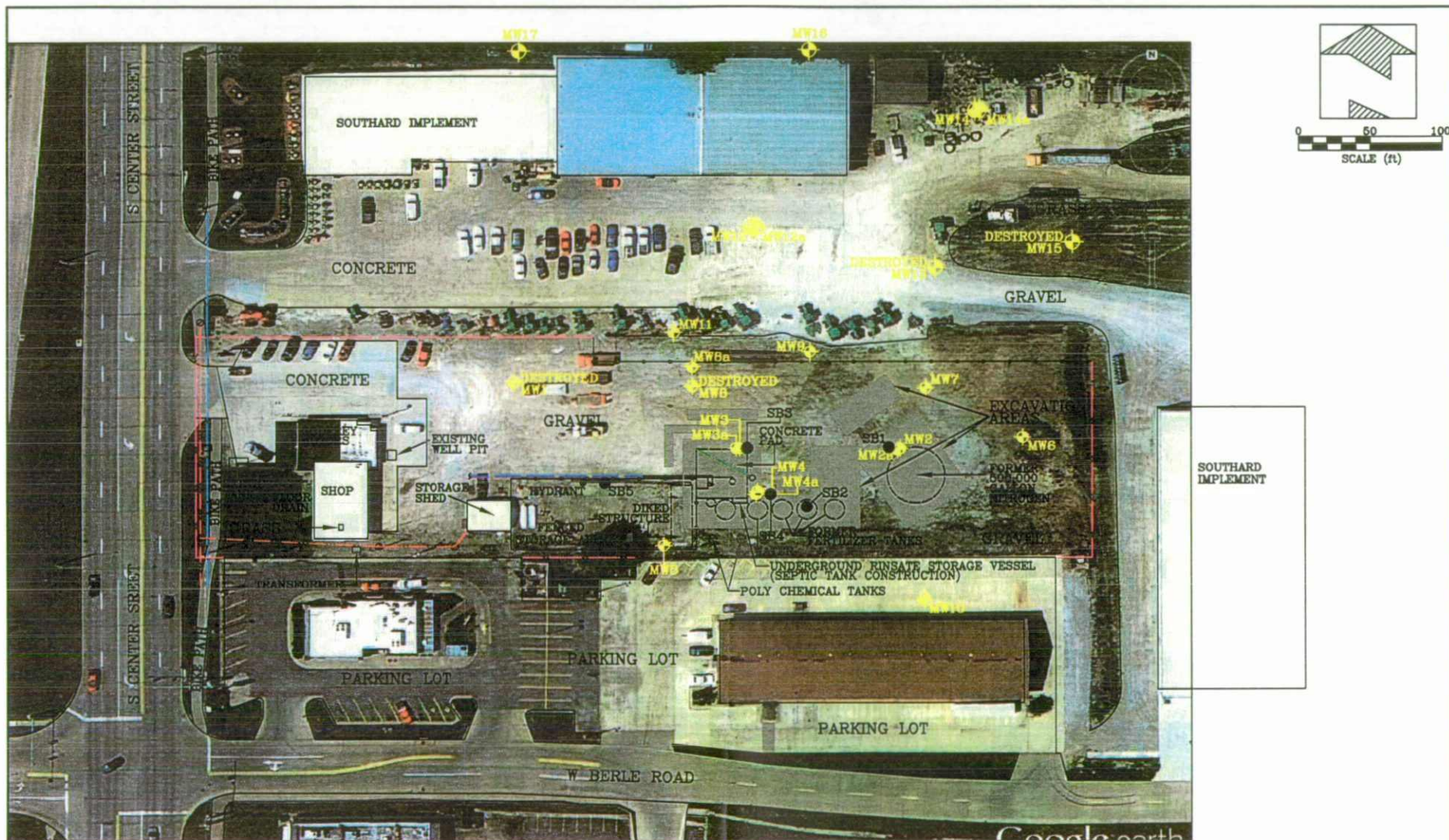
The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code (IAC) with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: _____

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:

	Water Supply Section Iowa Department of Natural Resources 401 SW 7th St Ste M Des Moines IA 50309-4611
--	--



LEGEND

- | | | | |
|-----------------------|-----------------------|-----------------|------------------------|
| ⊙ POWER POLE LOCATION | — ELECTRICAL LINE | — WATER LINE | ● SOIL BORING LOCATION |
| ⊙ HYDRANT | — SANITARY SEWER LINE | — PROPERTY LINE | |
| ● MONITORING WELL | — STORM SEWER LINE | — FENCE LINE | |

FIGURE 2
AERIAL SITE LOCATION MAP
GODFREY MOTORS (FORMER THERMOGAS FACILITY)
3008 S CENTER ST
MARSHALLTOWN, IA

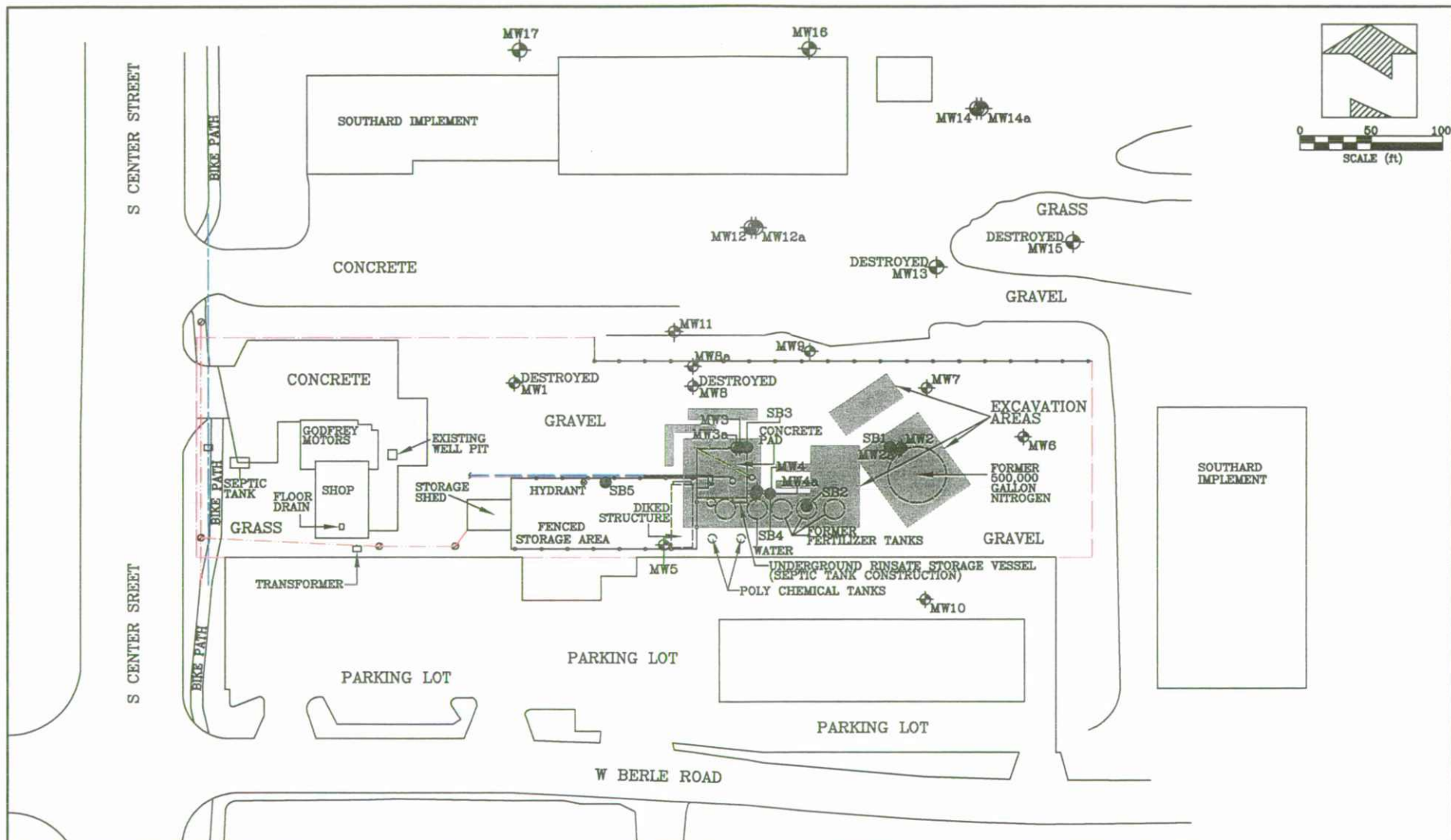
ACAD\GEOTEK\LINDA\14-112

PROJECT#: 14-112

DRAWN BY: CSP

CHECKED BY:

GEOTEK ENGINEERING &
TESTING SERVICES, INC.



LEGEND

- POWER POLE LOCATION
- ⊙ HYDRANT
- ⊕ MONITORING WELL
- ELECTRICAL LINE
- SANITARY SEWER LINE
- STORM SEWER LINE
- WATER LINE
- PROPERTY LINE
- FENCE LINE
- SOIL BORING LOCATION

FIGURE 3
SITE MAP
GODFREY MOTORS (FORMER THERMOGAS FACILITY)
3008 S CENTER ST
MARSHALLTOWN, IA

ACAD\GEOTEK\LEHDA\14-112

PROJECT#: 14-112

DRAWN BY: CSP

CHECKED BY:

GEOTEK ENGINEERING &
TESTING SERVICES, INC.