



**GEO TEK 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 #31148**

August 4, 2015

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

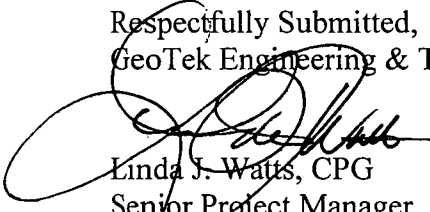
Subj: Monitoring Well Abandonment
Former Thermogas Facility
5226 170th Street, Sibley, IA
GeoTek #13-584

Dear Mr. Culp:

As per the Iowa Department of Natural Resources (DNR) March 27, 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 nine monitoring wells at the site in accordance with 567 Iowa Administrative Code Chapter 39. MW1 – MW9 were abandoned on July 24, 2015 by Iowa Certified Well Contractor #6662. DNR Form 542-1226, Abandoned Water Well Plugging Record, for these nine monitoring wells are attached.

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

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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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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: 8.3 ft
 Casing depth: 5 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1997 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MWI

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: 07/24/2015

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: 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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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: 8.3 ft
 Casing depth: 5 ft Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1997 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW2

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: 07/24/2015

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: 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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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: 7 ft
 Casing depth: 5 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1997 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW3

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: 07/24/2015

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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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: 8.9 ft.
 Casing depth: 5 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1997 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: mw4

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: 07/24/2015

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: 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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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: 7.9 ft.
 Casing depth: 5 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1997 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MWS

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: 07/24/2015

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: 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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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: 9.5 ft
 Casing depth: 5 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 1997 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MWB

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: 07/24/2015

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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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: 2003 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: MW7

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: 07/24/2015

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: 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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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: 7.6 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: mw8

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: 07/24/2015

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: 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):

SE ¼ of, SW ¼ of, SW ¼ of, Section 12, T 99 N, R 44 East West
 County: Osceola 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 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: MW9

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: 07/24/2015

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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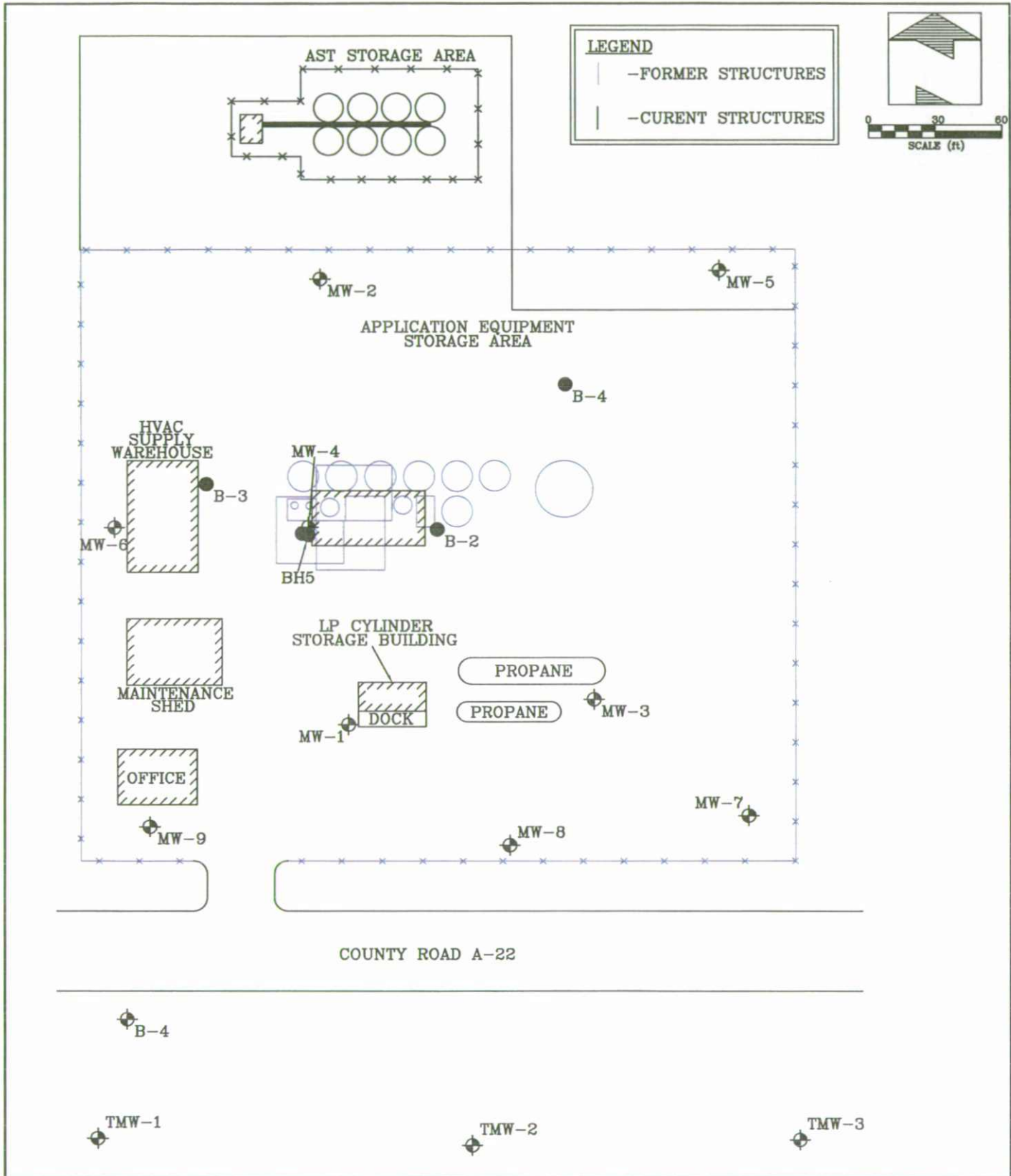


FIGURE 3
 SITE MAP
 FORMER THERMOGAS FACILITY
 5226 170TH STREET
 SIBLEY, IA

PROJECT#: 13-584

DRAWN BY: CSP CHECKED BY:

GEOTEK ENGINEERING &
 TESTING SERVICES, INC.

