

#### 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# 31807

April 4, 2016

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 190 7<sup>th</sup> Street SE, Britt, IA GeoTek #13-585

Dear Mr. Culp:

As per the Iowa Department of Natural Resources (DNR) January 29, 2016 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 thirteen monitoring wells at the site in accordance with 567 Iowa Administrative Code Chapter 39. Monitoring wells MW1, MW2R and MW3 – MW13 were abandoned on March 17, 2016 by Iowa Certified Well Contractor #6662. DNR Form 542-1226, Abandoned Water Well Plugging Record, for these thirteen 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,

Geo lek Engineering & Testing Services, Inc.

Linda J. Watts, PG

Senior Project Manager

CGWP #1169

cc:

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

49299 APRO8'16 AM10:22



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 1/4 of, SW 1/4 of, NE 1/4 of, Section		
County: Hancock Describe well location of	on property: Well location shown on attached map.	
GPS Well Location: Latitude:	Longitude:	
3. Well Description:		
Well depth: 17/2 ft		
Depth to water 8.63 ft.		
Casing depth: 7 1/2 ft. Casing Material:	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.		
Year or decade constructed: 1996 Type of Construc	ction: Drilled Driven Bored Augured Dug	
Is this a Monitoring Well? ⊠ Yes ☐ No Well ID:	W/	
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 1000 (1.	Date Plugged: March 19 20 16	
If plugged by certified well contractor, complete this box:	) · · · · · · · · · · · · · · · · · · ·	
I have plugged this well as required by rule 567-39.8 of the low	va Administrative Code (IAC).	
Signature of Contractor:	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 lowa 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	OR halfets - halfet all life - subtails to	
30 days to the local county agent:	OR, only if no county agent is available, to:  Water Supply Section	
	lowa Department of Natural Resources 502 E 9th St	
	Des Moines IA 50319-0034	



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, NE ¼ of, Section	33 , T 96 N, R 25 ☐ East ☑ West
	on property: Well location shown on attached map.
GPS Well Location: Latitude:	
3. Well Description:  Well depth: /5 ft	
Deptil to water	Charles Reports Constant Constant
·	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.  Year or decade constructed: 20 /4 Type of Constructed:	ction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? Yes \(\sigma\) No Well ID: \(\mathcal{M}\)	
je versie de la company de	The second secon
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	
Signature of Owner Total ()	The Date Plugged: March 17 2016
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If plugged by certified well contractor, complete this box:	Administrative Code (IAC)
I have plugged this well as required by rule 567-39.8 of the lov	
Signature of Contractor:	Cert No: 6662
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well following requirement	
with the oversight and assistance of the designated county age	ent.
Signature of County Agent:	Date Approved:
The second secon	
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 lowa Department of Natural Resources
;	502 E 9th St
	Des Moines IA 50319-0034



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):		
	33 , T 96 N, R 25 ☐ East ☑ West	
County: Hancock Describe well location of	on property: Well location shown on attached map.	
· · · · · · · · · · · · · · · · · · ·	Longitude:	
3. Well Description:		
Well depth:		
Depth to water 8-25 ft.		
Casing depth: £ ft. Casing Material:	☐ 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:	(N3	
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 Other	The Date Plugged: March 17 2016	
If plugged by certified well contractor, complete this box:	)	
I have plugged this well as required by rule 567-39.8 of the low	va 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 lowa 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:		
Out of the season with a season with a season and season with the		
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:	
oo days to the local county agent.	Water Supply Section	
; ;	lowa Department of Natural Resources 502 E 9 <sup>th</sup> St	
	Des Moines IA 50319-0034	



1. Owner:		
Name: CHS, Inc.	Phone: 651-355-6343	
Address: 5500 Cenex Drive		
City: Inver Grove Heights Stat	te: MN Zip: <u>55077</u>	
If this was a Public Water Supply Well, please prov	ilde:	
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
SE 1/4 of, SW 1/4 of, NE 1/4 of, Sec	otion 33 , T 96 N, R 25 ☐ East ☒ West	
County: Hancock Describe well loca	ation on property: Well location shown on attached map.	
GPS Well Location: Latitude:	Longitude:	
3. Well Description:		
Well depth: 15 ft		
Depth to water //. 38 ft.		
	terlal: ☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.		
Year or decade constructed: 2003 Type of Co	nstruction: 🔲 Drilled 🔲 Driven 🔲 Bored 🖾 Augured 🗌 Dug	
Is this a Monitoring Well? ⊠ Yes ☐ No Well ID:		
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 play need concerning this well.  Signature of Owner  Out of The Date Plugged: Auch 19, 2016  If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the		
Signature of Contractor:	Cert No: 6662	
	0000	
OR, If plugged by well owner, complete this box:		
The property owner has plugged this well following requir with the oversight and assistance of the designated count	rements in rule 567-39.8 of the lowa Administrative Code (IAC) ty agent.	
Signature of County Agent:	Date Approved:	
Eligible for Grants-to-Counties cost share:	to (Determined by County Agent)	
Complete one form for each well plugged and submit with 30 days to the local county agent:	nin OR, only if no county agent is available, to:	
	Water Supply Section lowa Department of Natural Resources 502 E 9 <sup>th</sup> St	
	Des Moines IA 50319-0034	



I. Owlier.		
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	1	
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
francisco de la constanta de l	n 33 ,T 96 N,R 25 ☐ East ⊠ West	
	n on property: Well location shown on attached map.	
	Longitude:	
3. Well Description:	<del></del>	
Well depth:/Sft		
Depth to water /O. 97 ft.		
	al: 🔲 Steel 🖾 Plastic 🔲 Concrete 🔲 Clay 🔲 Brick 🔲 Stone	
Casing diameter: 2 in.		
	ruction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug	
Is this a Monitoring Well? Yes \( \subseteq \text{No Well ID:} \)	MNS	
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: March 17, 20 /6  If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the I	owa 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 lowa 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	OR institute and has trained to a southeaster was	
30 days to the local county agent:	OR, only if no county agent is available, to:  Water Supply Section	
	lowa Department of Natural Resources 502 E 9 <sup>th</sup> St	
	Des Moines IA 50319-0034	



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:		
DWOLD Names	PWSID Number:	
PVVSID Name:		
2. Location of Well (Cistern):		
SE ¼ of, SW ¼ of, NE ¼ of, Section		
	on property: Well location shown on attached map.	
GPS Well Location: Latitude:	Longitude:	
3. Well Description:		
Well depth:ft		
Depth to water 10.60 ft.		
Casing depth: ft. Casing Material	: ☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.		
Year or decade constructed:	iction: 🗌 Drilled 🗌 Driven 🗌 Bored 🖾 Augured 🗌 Dug	
Is this a Monitoring Well? Yes 🗌 No Well ID:	MW6	
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 Today (Inc. 19, 2016)		
If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the love		
Signature of Contractor:	Cert No: <u>6662</u>	
OR, If plugged by well owner, complete this box:	· · · · · · · · · · · · · · · · · · ·	
The property owner has plugged this well following requirement with the oversight and assistance of the designated county ag		
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:	
	Water Supply Section lowa Department of Natural Resources 502 E 9 <sup>th</sup> St	
	Des Moines IA 50319-0034	



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:		
2. Location of Well (Cistern):		
SE ¼ of, SW ¼ of, NE ¼ of, Section	. 33 ,T 96 N,R 25 ☐ East ⊠ West	
County: Hancock Describe well location		
GPS Well Location: Latitude:		
3. Well Description:		
Well depth: /5 ft		
Depth to water 8.83 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:	// W 7	
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  If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the lo	owa Administrative Code (IAC).	
Signature of Contractor:	Cert No: 6662	
OR, If plugged by well owner, complete this box:		
The properly owner has plugged this well following requirements in rule 567-39.8 of the lowa 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	OR, only if no county agent is available, to:	
30 days to the local county agent:	Water Supply Section	
	lowa Department of Natural Resources 502 E 9 <sup>th</sup> St	
***	Des Moines IA 50319-0034	



# 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 1/4 of, SW 1/4 of, NE 1/4 of, Section	33 , T 96 N, R 25 ☐ East ☑ West	
	on property: Well location shown on attached map.	
GPS Well Location: Latitude:	Longitude:	
3. Well Description:		
Well depth: /5 ft		
Depth to water <b>1.3</b> / ft.		
Casing depth: 5 ft. Casing Material	: Steel   Plastic   Concrete   Clay   Brick   Stone	
Casing diameter: 2 in.		
Year or decade constructed: 2003 Type of Constru	uction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug	
Is this a Monitoring Well? 🛮 🖂 Yes 🗌 No Well ID: 🥕	! W8	
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 O		
If plugged by certified well contractor, complete this box:  I have plugged this well as required by rule 567-39.8 of the lo	y Administrative Code (IAC)	
Thave plugged this well as required by fulle 307-39.6 of the lo	wa Authinistrative Code (IAO).	
Signature of Contractor:	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 lowa Administrative Code (IAC)		
with the oversight and assistance of the designated county ag	ent.	
Signature of County Agent:	Date Approved:	
Eligible for Grants-to-Counties cost share: Yes No (D	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 Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St	
	Des Moines IA 50319-0034	



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, NE ¼ of, Section	33 , T 96 N, R 25 ☐ East ☒ West	
	on property: Well location shown on attached map.	
GPS Well Location: Latitude:		
3. Well Description:		
Well depth:ft		
Depth to water 9.92 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	ction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug	
Is this a Monitoring Well? Yes \( \sum \) No Well ID:	nw 9	
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 Tolk (). in	A MS Inc Date Plugged: March 17 2016	
If plugged by certified well contractor, complete this box:	<b>)</b>	
I have plugged this well as required by rule 567-39.8 of the low	va 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 requiremen		
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)		
Engine for Grante-to-Counties cost share. [] 165 [] 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 lowa Department of Natural Resources 502 E 9 <sup>th</sup> St	
	Des Moines IA 50319-0034	



1. Owner:	
Name: CHS, Inc.	Phone: 651-355-6343
Address: 5500 Cenex Drive	
City: Inver Grove Heights State:	MN Zip: 55077
If the transport of the same o	
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
SE 1/4 of, SW 1/4 of, NE 1/4 of, Section	33 , T 96 N, R 25 ☐ East ☒ West
County: Hancock Describe well location	on property: Well location shown on attached map.
GPS Well Location: Latitude:	Longitude:
3. Well Description:	the state of the s
Well depth: /5 ft	
Depth to water (2.12 ft.	
	: ☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.	
	iction: 🔲 Drilled 🔲 Driven 🔲 Bored 🖾 Augured 🔲 Dug
Is this a Monitoring Well? Yes No Well ID:	
Check if Clstern ☐ Depth; ft. Diameter:	The second secon
Check it Clatent 🔲 - Deptil	IL <sub>1</sub> .
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	· · · · · · · · · · · · · · · · · · ·
Signature of Owner Cold	Of The Date Plugged: March 19, 20 16
If plugged by certified well contractor, complete this box:	A designate the Code (IAC)
I have plugged this well as required by rule 567-39.8 of the lov	wa Administrative Code (IAC):
Signature of Contractor:	Cert No: 6662
error tiller moralle til till state state og som er	
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 lowa 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:	etermined by County Agent)
Complete one form for each well plugged and submit within	OD lands to an include which is a contract.
30 days to the local county agent:	OR, only if no county agent is available, to:  Water Supply Section
	Iowa Department of Natural Resources
	502 E 9 <sup>th</sup> St
	Des Moines IA 50319-0034



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, NE ¼ of, Section	33 , T 96 N, R 25 ☐ East ☒ West	
	on property: Well location shown on attached map.	
GPS Well Location: Latitude:		
3. Well Description:		
Well depth: /5 ft		
Depth to water 7.58 ft.		
1 2 m mm 2 m	i: ☐ 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:		
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.		
The state of the s	· · · · · · · · · · · · · · · · · · ·	
Signature of Owner 7 OUL ().	Date Plugged: March 17 2016	
If plugged by certified well contractor, complete this box:	J	
I have plugged this well as required by rule 567-39.8 of the lo	wa Administrative Code (IAC).	
Signature of Contractor:	Cert No: 6662	
Digitative of Contractor.	VENTRO. BBB	
OR, If plugged by well owner, complete this box:		
The property owner has plugged this well following requirement		
with the oversight and assistance of the designated county ag	gent.	
Signature of County Agent:	Date Approved:	
	· · · · · · · · · · · · · · · · · · ·	
Eligible for Grants-to-Counties cost share:   Yes   No (C	Determined by County Agent)	
Complete one form for each well plugged and submit within	And the second of the second o	
30 days to the local county agent:	OR, only if no county agent is available, to:  Water Supply Section	
	lowa Department of Natural Resources	
	502 E 9 <sup>th</sup> St	
	Des Moines IA 50319-0034	



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	de:	
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
SE 1/4 of, SW 1/4 of, NE 1/4 of, Secti	ion 33 , T 96 N, R 25 ☐ East ☒ West	
County: Hancock Describe well locate	tion on property: Weil location shown on attached map.	
GPS Well Location: Latitude:	Longitude:	
3. Well Description:		
Well depth:ft		
Depth to water 7-46 ft.		
Casing depth:ft. Casing Mate	erial: ☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.		
Year or decade constructed: 2014 Type of Con-	struction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug	
Is this a Monitoring Well? ☐ Yes ☐ No Well ID:	MWIZ	
Check if Cistern ☐ Depth:ft. Diamet	er: 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 Total ().	no Of Inc Date Plugged: March 17 2016	
If plugged by certified well contractor, complete this box:	·	
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:		
The property owner has plugged this well following require	ments in rule 567-39.8 of the lowa 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:	(Determined by County Agent)	
Complete one form for each well plugged and submit withi	n	
30 days to the local county agent:	OR, only if no county agent is available, to:	
M. A state of the	Water Supply Section lowa Department of Natural Resources 502 E 9 <sup>th</sup> St	
	Des Moines IA 50319-0034	



1. Owner:	
Name: CHS, Inc.	Phone: 651-355-6343
Address: 5500 Cenex Drive	The second secon
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):	
	33 , T <u>96</u> N, R <u>25</u> ☐ East ☑ West
	on property: Well location shown on attached map.
GPS Well Location: Latitude:	Longitude:
3. Well Description:	
Well depth:ft	
Depth to water 6.64 ft.	
	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.	·
	ction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? Yes \( \square\) No Well ID:	and the state of t
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 Tool (I. ) The Date Plugged: March 17, 20 16	
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:	Υ— 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 lowa 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 502 E 9 <sup>th</sup> St
, may may make the second of t	Des Moines IA 50319-0034