



**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

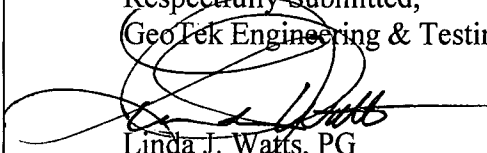
Subj: Monitoring Well Abandonment
Former Thermogas Facility
190 7th Street SE, Britt, IA
GeoTek #13-585

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,
GeoTek 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

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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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 17 1/2 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 Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW1

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 A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt O. Jorgensen 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft
Depth to water: 7.42 ft.
Casing depth: 5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2014 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW2R

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 A. King CHS Inc Date Plugged: March 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt O. Jure 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 16 ft
Depth to water: 8.25 ft.
Casing depth: 6 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 1996 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MN3

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 A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt Quin 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
502 E 9th St
Des Moines IA 50319-0034



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>SE</u> $\frac{1}{4}$ of, <u>SW</u> $\frac{1}{4}$ of, <u>NE</u> $\frac{1}{4}$ of, Section <u>33</u> , T <u>96</u> N, R <u>25</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
County: <u>Hancock</u> Describe well location on property: <u>Well location shown on attached map.</u>
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: <u>15</u> ft	
Depth to water: <u>11.38</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: _____

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 A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt De Jong 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 502 E 9th St Des Moines IA 50319-0034
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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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft
Depth to water: 10.92 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: ☐ 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: Todd A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt Quin 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft.
Depth to water: 10.60 ft.
Casing depth: 6 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: MW6

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 A. King CHS 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 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft
Depth to water: 8.83 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: Todd A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt DeJong 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft
Depth to water: 8.31 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: Todd A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt Quin 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
502 E 9th 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 ¼ of, SW ¼ of, NE ¼ 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:

Well depth: 15 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: ☐ 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: Todd A. King CHS 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 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft
Depth to water: 12.12 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: HA10

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 A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt Quin 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft
Depth to water: 7.58 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: MW 11

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 A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt O. Jorgensen 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft
Depth to water: 7.46 ft.
Casing depth: 5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2014 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: Todd A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt DeJong 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
502 E 9th 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 $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NE $\frac{1}{4}$ 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:

Well depth: 15 ft
Depth to water: 6.64 ft.
Casing depth: 5 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 2014 Type of Construction: ☐ 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 Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: Todd A. King CHS 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 Iowa Administrative Code (IAC).

Signature of Contractor: Kurt O. Jorgensen 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:

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