

June 20, 2016

Mr. Chuck Wenthold
Greene County Sanitarian
114 N. Chestnut Street
Jefferson, IA 50129

RE: Monitoring Well Abandonment Forms

Dear Mr. Wenthold:

On behalf of Interstate Power and Light Company (IPL), enclosed are completed Iowa Department of Natural Resources (IDNR) Abandoned Water Well Plugging Records for four recently abandoned monitoring wells located at 205 South Vine Street in the city of Jefferson, Iowa (site). The wells were installed as part of an environmental assessment following the demolition of a building and removal of impacted soil. The IDNR issued a June 9, 2016 letter to IPL indicating no further assessment at the site is required. Monitoring well abandonment was completed on June 16, 2016 by Thiele Geotechnical, Inc. of Omaha, Nebraska with oversight provided by MWH personnel. If you have any questions, please feel free to contact me.

Sincerely,



Randy J. Kroneman, P.G.
Project Manager

/rsm:vas

Enclosures

cc: Water Supply Section, Iowa Department of Natural Resources
Matt Culp, Iowa Department of Natural Resources
Wendy Greene, Interstate Power and Light Company

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

1. Owner:

Name: Interstate Power and Light Company Phone: 319-786-4677
 Address: 200 First Street SE
 City: Cedar Rapids State: IA Zip: 50401

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW ¼ of, NW ¼ of, SW ¼ of, Section 8, T 83 N, R 30 East West
 County: Greene Describe well location on property: East central side of property (205 S Vine Street Jefferson, IA)
 GPS Well Location: Latitude: 42.013843 Longitude: -94.375799

3. Well Description:

Well depth: 13.9 ft
 Depth to water: 5.89 ft
 Casing depth: 13.9 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2016 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: SB1/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 [Signature] Date Plugged: 6/16/16

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: 4065

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 9 th St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Interstate Power and Light Company Phone: 319-786-4677
 Address: 200 First Street SE
 City: Cedar Rapids State: IA Zip: 50401

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW ¼ of, NW ¼ of, SW ¼ of, Section 8, T 83 N, R 30 East West
 County: Greene Describe well location on property: East side of property along alley (205 S Vine Street Jefferson, IA)
 GPS Well Location: Latitude: 42.013606 Longitude: -94.375364

3. Well Description:

Well depth: 17.1 ft
 Depth to water: 7.54 ft.
 Casing depth: 17.1 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in..
 Year or decade constructed: 2016 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: SB5/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: 6/16/16

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: 4065

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)

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

1. Owner:

Name: Interstate Power and Light Company Phone: 319-786-4677
 Address: 200 First Street SE
 City: Cedar Rapids State: IA Zip: 50401

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW ¼ of, NW ¼ of, SW ¼ of, Section 8, T 83 N, R 30 East West
 County: Greene Describe well location on property: SW side of property (205 S Vine Street Jefferson, IA)
 GPS Well Location: Latitude: 42.013637 Longitude: -94.375885

3. Well Description:

Well depth: 14.1 ft
 Depth to water: 4.87 ft
 Casing depth: 14.1 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2016 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: SB7/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: 6/16/16

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: 4065

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)

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

1. Owner:

Name: Interstate Power and Light Company Phone: 319-786-4677
 Address: 200 First Street SE
 City: Cedar Rapids State: IA Zip: 50401

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

NW $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, Section 8, T 83, N, R 30 East West
 County: Greene Describe well location on property: Central portion of property (205 S Vine Street - Jefferson, IA)
 GPS Well Location: Latitude: 42.013716 Longitude: -94.375666

3. Well Description:

Well depth: 14.3 ft
 Depth to water: 5.07 ft
 Casing depth: 14.3 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2016 Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: SB8/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: 6/16/16

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: 4065

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

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 Signature of County Agent: _____ Date Approved: _____

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