



MWH

BUILDING A BETTER WORLD

**CON 12-15
DOC# 32098**

April 26, 2016

Ms. Bonnie Brimeyer
Dubuque County Health Department
13047 City View Drive
Dubuque, IA 52002

MWH #10508765.0101

RE: Monitoring Well Abandonment
Sageville Coal Combustion Residue Landfill
Dubuque, Iowa

Dear Ms. Brimeyer:

On behalf of Alliant Energy, MWH has prepared this letter documenting well abandonment and plugging activities at the above-referenced location (Site).

Well Abandonment and Plugging Activities

On March 3, 2016, MWH supervised the plugging and abandonment of ten monitoring wells associated with the Site. MWH retained the services of Below Ground Surface, Inc. (BGS), a certified Iowa well contractor, to abandon and plug the wells in accordance with Rule 567—39 (455b) of the Iowa Administrative Code. Prior to well plugging activities, MWH checked each monitoring well to determine depth-to-groundwater and to ensure no free product hydrocarbon was present. Protective covers and well casings were pulled and the boreholes were filled with bentonite to approximately 1 foot below ground surface. The remainder of the borehole was filled with topsoil to match existing grade. The Site activities and final site conditions were photo-documented for future reference.

Documentation

An updated Site Plan Map depicting the locations of the plugged and abandoned wells is provided with this letter as Figure 1. A completed IDNR Abandoned Water Well Plugging Record (Form 542-1226) is provided in Attachment A for each well that was plugged and abandoned. Copies of the completed forms were also submitted to the IDNR.

If you have questions or require additional information, please contact me at (515) 251-1017.

Sincerely,

A handwritten signature in black ink, appearing to read "Randy J. Kroneman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Randy J. Kroneman
Project Manager

/csh:vas

Attachments

cc: Jill Stevens – Alliant Energy
Tami Quam - IDNR



- LEGEND**
- MONITORING WELL LOCATION
 - ⊗ SURFACE WATER SAMPLING LOCATION
 - APPROXIMATE PROPERTY BOUNDARY

DESIGNED BY	M. WARNER
DRAWN BY	
CHECKED BY	
APPROVED BY	
PROJECT MANAGER	R. KRONEKMAN
CLIENT APPROVAL	
CLIENT REFERENCE NO	



PROJECT LOCATION	SAGEVILLE, IA
PROJECT	INTERSTATE POWER AND LIGHT CO SAGEVILLE COR LANDFILL
TITLE	SITE PLAN



FIGURE	1
REVISION	0
FILE NAME	Site Map.dwg



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

1. Owner:

Name: Alliant Energy - Interstate Power and Light Company Phone: 608-458-0446
 Address: 4902 North Biltmore Lane, Suite 1000
 City: Madison State: WI Zip: 53718-2184

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW ¼ of, NW ¼ of, NE ¼ of, Section 11, T 89 N, R 2 East West
 County: Dubuque Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-1
 Well depth: 13.9 ft
 Depth to water: 1.84 ft
 Casing depth: 3.9 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: [Signature] (IPL) Date Plugged: 3-3-16

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: 6494

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:

Ms. Bonnie Brimeyer 13063 Seippel Road Dubuque, IA 52002	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: Alliant Energy - Interstate Power and Light Company Phone: 808-458-0446
 Address: 4902 North Blitmore Lane, Suite 1000
 City: Madison State: WI Zip: 53718-2184

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

PWSID Name: PWSID Number:

2. Location of Well (Cistern):

SW ¼ of, NW ¼ of, NE ¼ of, Section 11 T 89 N, R 2 East West
 County: Dubuque Describe well location on property:
 GPS Well Location: Latitude: Longitude:

3. Well Description:

MW-2
 Well depth: 14.01 ft
 Depth to water: 3.33 ft
 Casing depth: 4.01 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: [Signature] (IPL) Date Plugged: 3-3-16

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: 6494

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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IOWA DEPARTMENT OF NATURAL RESOURCES
Abandoned Water Well
Plugging Record

1. Owner:

Name: Alliant Energy - Interstate Power and Light Company Phone: 608-458-0446
Address: 4902 North Billmore Lane, Suite 1000
City: Madison State: WI Zip: 53718-2184

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW ¼ of, NW ¼ of, NE ¼ of, Section 11, T 89 N, R 2 East West
County: Dubuque Describe well location on property: _____
GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-3
Well depth: 25.84 ft.
Depth to water: 2.87 ft.
Casing depth: 15.94 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: [Signature] (CPL) Date Plugged: 3-3-16

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: 6494

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

1. Owner:

Name: Alliant Energy - Interstate Power and Light Company Phone: 608-458-0446
 Address: 4902 North Blitmore Lane, Suite 1000
 City: Madison State: WI Zip: 53718-2184

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW ¼ of, NW ¼ of, NE ¼ of, Section 11, T 89 N, R 2 East West
 County: Dubuque Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-4
 Well depth: 25.05 ft
 Depth to water: 11.25 ft
 Casing depth: 15.05 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 [Signature] (IPL) Date Plugged: 3-3-16

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: 64941

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

1. Owner:

Name: Alliant Energy - Interstate Power and Light Company Phone: 608-458-0446
 Address: 4902 North Biltmore Lane, Suite 1000
 City: Madison State: WI Zip: 53718-2184

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW % of, NW % of, NE % of, Section 11, T 89, N, R 2 East West
 County: Dubuque Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-5
 Well depth: 14.71 ft.
 Depth to water: 11 ft.
 Casing depth: 4.71 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: [Signature] (IAC) Date Plugged: 3-3-16

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: 6494

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

1. Owner:

Name: Alliant Energy - Interstate Power and Light Company Phone: 608-458-0446
 Address: 4902 North Blitmore Lane, Suite 1000
 City: Madison State: WI Zip: 53718-2184

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW ¼ of, NW ¼ of, NE ¼ of, Section 11, T 89 N, R 2 East West
 County: Dubuque Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-6
 Well depth: 17.5 ft
 Depth to water: 9.84 ft.
 Casing depth: 7.5 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: [Signature] (IPL) Date Plugged: 3-3-16

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: 6494

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: _____

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**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: Alliant Energy - Interstate Power and Light Company Phone: 608-458-0446
 Address: 4902 North Blitmore Lane, Suite 1000
 City: Madison State: WI Zip: 53718-2184

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW ¼ of, NW ¼ of, NE ¼ of, Section 11, T 89 N, R 2 East West
 County: Dubuque Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-7
 Well depth: 15.12 ft.
 Depth to water: 9.12 ft.
 Casing depth: 5.12 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: [Signature] (IPL) Date Plugged: 3-3-16

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: Michael J Osody Cert No: 6494

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

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**Abandoned Water Well
 Plugging Record**

1. Owner:

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 Address: 4902 North Biltmore Lane, Suite 1000
 City: Madison State: WI Zip: 53718-2184

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW % of, NW % of, NE % of, Section 11, T 89 N, R 2 East West
 County: Dubuque Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-8
 Well depth: 13.94 ft
 Depth to water: 9.39 ft
 Casing depth: 3.94 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: *April St...* (IPL) Date Plugged: 3-3-16

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: *Michael T Osoy* Cert No: 6494

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW ¼ of, NW ¼ of, NE ¼ of, Section 11, T 89, N, R 2 East West
 County: Dubuque Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-9
 Well depth: 13.9 ft
 Depth to water: 8.41 ft
 Casing depth: 3.9 ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: 2 in.
 Year or decade constructed: 2017 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 [Signature] (IAC) Date Plugged: 3-3-16

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**Abandoned Water Well
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Name: Alliant Energy - Interstate Power and Light Company Phone: 608-458-0446
 Address: 4802 North Biltmore Lane, Suite 1000
 City: Madison State: WI Zip: 53718-2184

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SW ¼ of, NW ¼ of, NE ¼ of, Section 11, T 89 N, R 2 East West
 County: Dubuque Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

MW-10
 Well depth: 15.23 ft
 Depth to water: 0.99 ft
 Casing depth: 5.23 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: [Signature] (IPL) Date Plugged: 3-3-16

If plugged by certified well contractor, complete this box:

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 Signature of Contractor: Michael T Osoy Cert No: 6494

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

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