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Consulting Engineers & Scientists

Terracon Consultants, Inc.
600 Southwest 7th Street, Suite M
Des Moines, Iowa 50309
Phone 515.244.3184
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www.terracon.com

October 20, 2005

Mr. Lambert Nnadi
Iowa Department of Natural Resources
Contaminated Sites Section
Wallace State Office Building
502 East 9th Street
Des Moines, IA 50319-0034


RE: Monitoring Well Abandonment
Cooperative Services, Inc.
Hanlontown, Iowa
Hazardous Incident No. 98-05276-MGD-1939
Terracon Project No. 08007040

Dear Mr. Nnadi:

In a letter dated January 31, 2005, the Iowa Department of Natural Resources (IDNR) indicated that no further action would be required at the above-referenced site. As a follow-up to that letter, Terracon has abandoned the monitoring wells on-site. We have enclosed Abandoned Water Well Plugging Records for the monitoring wells.

If you have any questions concerning this project, please contact Eva at 515-244-3184.

Sincerely,
TERRACON CONSULTANTS, INC.


Eva S. Moritz, P.E.
Certified Groundwater-Professional

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Copies to: Addressee (1)
Mr. Robert Nagel, Northern Cooperative Services (1)
Mr. Allen Venz, Worth County (1)

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Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: Northern Cooperative Services City: Lake Mills State: IA
Address: 107 Main Street Zip: 50450 Phone: 641-592-0011

2. Well (Cistern) Location:

SW 1/4 of, NW 1/4 of, NW 1/4 of, Section 30, Twp 98 N, Range 21 West
Worth County, Describe well location on property: IDNR No. 98-05276-MGD-1939
Address: North of Sundown Drive and 2nd Street, Hanlontown

3. Description:

Well depth: 24 ft. Casing material: Plastic
Depth to water: 18.7 ft.
Casing diameter: 2 in. Type of construction: Augered
Yr. or decade constrd.: 1991
Depth of casing: 24 ft. Check if this is a Monitoring Well Well I D.: MW-1

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: Albert F. Doyle Date Plugged: 9/8/05

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. 1207

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 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:

Worth County Mr. Allen Venz 1000 Central Avenue Northwood, IA 50459	Water Supply Section Department of Natural Resources 502 East 9 th Street Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

**Abandoned Water Well
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1. Owner:

Name: Northern Cooperative Services City: Lake Mills State: IA
Address: 107 Main Street Zip: 50450 Phone: 641-592-0011

2. Well (Cistern) Location:

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Worth County, Describe well location on property: IDNR No. 98-05276-MGD-1939
Address: North of Sundown Drive and 2nd Street, Hanlontown

3. Description:

Well depth: 24 ft. Casing material: Plastic
Depth to water: 20.6 ft.
Casing diameter: 2 in. Type of construction: Augered
Yr. or decade constrd.: 1991
Depth of casing: 24 ft. Check if this is a Monitoring Well Well I.D.: MW-2

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: Robert F. Nagle Date Plugged: 9/8/05

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. 1207

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 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

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Worth County, Describe well location on property: IDNR No. 98-05276-MGD-1939
Address: North of Sundown Drive and 2nd Street, Hanlontown

3. Description:

Well depth: 24 ft. Casing material: Plastic
Depth to water: 19.8 ft.
Casing diameter: 2 in. Type of construction: Augered
Yr. or decade constrd.: 1991
Depth of casing: 24 ft. Check if this is a Monitoring Well Well I.D.: MW-3

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: *Robert F. Mehl* Date Plugged: 9/8/05

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: *Bob Johnson* Cert. No. 1207

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 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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Worth County, Describe well location on property: IDNR No. 98-05276-MGD-1939
Address: North of Sundown Drive and 2nd Street, Hanlontown

3. Description:

Well depth: Unkn. Casing material: Steel
Depth to water: Unkn.
Casing diameter: 8 in. Type of construction: Augered
Yr. or decade constrd.: 1990
Depth of casing: Unkn Check if this is a Monitoring Well Well ID.: MW-4

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: Robert F. Wade Date Plugged: 10/11/05

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: Mark Wanner Cert. No. 5902

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 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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Plugging Record**

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Name: Northern Cooperative Services City: Lake Mills State: IA
Address: 107 Main Street Zip: 50450 Phone: 641-592-0011

2. Well (Cistern) Location:

SW 1/4 of, NW 1/4 of, NW 1/4 of, Section 30, Twp 98 N, Range 21 West
Worth County, Describe well location on property: IDNR No. 98-05276-MGD-1939
Address: North of Sundown Drive and 2nd Street, Hanlontown

3. Description:

Well depth: 32.5 ft. Casing material: Steel
Depth to water: 18.5 ft.
Casing diameter: 4 in. Type of construction: Augered
Yr. or decade constrd.: 1990
Depth of casing: 32.5 ft. Check if this is a Monitoring Well Well I.D.: MW-5

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: Robert F. Nagle Date Plugged: 10/11/05

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: Mark W. Wanner Cert. No. 5902

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 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:

Worth County Mr. Allen Venz 1000 Central Avenue Northwood, IA 50459	Water Supply Section Department of Natural Resources 502 East 9 th Street Des Moines, IA 50319-0034
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Address: 107 Main Street Zip: 50450 Phone: 641-592-0011

2. Well (Cistern) Location:

SW 1/4 of, NW 1/4 of, NW 1/4 of, Section 30, Twp 98 N, Range 21 West
Worth County, Describe well location on property: IDNR No. 98-05276-MGD-1939
Address: North of Sundown Drive and 2nd Street, Hanlontown

3. Description:

Well depth: 39.5 ft. Casing material: Steel
Depth to water: 18.3 ft.
Casing diameter: 4 in. Type of construction: Augered
Yr. or decade constrd.: 1990
Depth of casing: 39.5 ft. Check if this is a Monitoring Well Well ID.: MW-6

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: Robert F. Maple Date Plugged: 10/11/05

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: Mark C. Wiseman Cert. No. 5902

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 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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Worth County, Describe well location on property: IDNR No. 98-05276-MGD-1939
Address: North of Sundown Drive and 2nd Street, Hanlontown

3. Description:

Well depth: 24 ft. Casing material: Steel
Depth to water: 19.2 ft.
Casing diameter: 4 in. Type of construction: Augered
Yr. or decade constrd.: 1990
Depth of casing: 24 ft. Check if this is a Monitoring Well Well I.D.: MW-7

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: Robert F. Nagle Date Plugged: 10/11/05

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: Mark M. ... Cert. No. 5902

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 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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Worth County, Describe well location on property: IDNR No. 98-05276-MGD-1939
Address: North of Sundown Drive and 2nd Street, Hanlontown

3. Description:

Well depth: Unkn. Casing material: Steel
Depth to water: Unkn.
Casing diameter: 8 in. Type of construction: Augered
Yr. or decade constrd.: 1986
Depth of casing: Unkn. Check if this is a Monitoring Well Well I.D.: RW-1

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: Robert F. Nagle Date Plugged: 10/11/05

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: Mark Wiseman Cert. No. 5902

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 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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