

May 3, 2021

Dan Cook Contaminated Sites Section Wallace State Office Building 502 E. 9th Street Des Moines, IA 50319

RE:

Monitoring Well Abandonment Documentation

Agriland FS Inc 404 S 3rd Street Logan, Iowa

Dear Mr. Cook

Evora Consulting, on behalf Agriland FS Inc, has abandoned monitoring wells MW-1, MW-2, MW-3, MW-5, MW-7, MW-10, MW-11, MW-12, and MW-13 in accordance with Iowa Administrative Code (IAC) 567-39.8.

An Abandoned Water Well Plugging Record (IDNR Form 542-1226) for each monitoring well has been included in Attachment A. A site map indicating the location of the abandoned monitoring wells is included as Figure 1.

If you have any questions regarding this information, please do not hesitate to contact us at 515/256-8814.

Sincerely,

Steven Strecker

Stong Strecker

Environmental Scientist

sstrecker@barkerlemar.com

Leah Calvert, P.G. Professional Geologist

ieah Calvert

lcalvert@barkerlemar.com

cc:

Agriland FS Inc. - Trenton Cheers

Harrison County Sanitarian - Matt Pitts

MAY 0 6 2021

Attachment A



Abandoned Water Well Plugging Record

1. Owner:		
Name: Agriland FS	Phone:	
Address: 421 N 10th Street		
	Zip: <u>60273</u>	
if this was a Public Water Supply Well, please provide:		
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
SW 14 of, SW 14 of, NW 14 of, Section	19 , T <u>79 N, R 42 ⊠ East □ West</u>	
County: Harrison Describe well location of	n property: See attached map	
GPS Well Location: Latitude: 41.417042	Longitude: <u>-94.566401</u>	
3. Well Description:		
Well depth: 14.50 ft		
Depth to water 4.95 ft.		
	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.		
Year or decade constructed: 2018 Type of Construct	tion: 🔲 Drilled 🔲 Driven 🔲 Bored 🖾 Augured 🔲 Dug	
is this a Monitoring Well? X Yes ☐ No Well ID: MW-		
Check if Clatem Depth: ft. Diameter:	ft,	
I certify this well has been plugged as required by rule 567-39.	abilyme of earne 1 (201) and aviterial and an analysis	
any additional information the county or department may need	concerning this well.	
Signature of Owner Sted Agrilan	FS Date Plugged: 4/27/2021	
If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the low	garatifilnistrativé Code (IAC).	
Signature of Contractor:	Cert No: 9543	
OR, if plugged by well owner, complete this box:	ts in rule 567-39.8 of the lows Administrative Code (IAC)	
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:	
THE STATE OF THE PROPERTY OF T		
Eligible for Grants-to-Countles 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	
Matt Pitt 116 North Second Avenue	lowa Department of Natural Resources	
Logan, Iowa 51546	502 E 9 th St	
(712) 644-2302	Des Moines IA 50319-0034	



Abandoned Water Well Plugging Record

T. Owner:	
Name: Agriland FS	Phone:
Address: 421 N 10th Street	
City: Winterset State:	<u>IA</u> Zip: <u>50273</u>
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
SW 14 of, SW 14 of, NW 14 of, Section	19 , T 79 N, R 42 🗵 East 🗌 West
	on property: See attached map
GPS Well Location: Letitude: 41.417042	Longitude:94.586401
3. Well Description:	
Well depth: 17.40 ft	
Depth to water <u>6.88</u> ft.	
Casing depth: <u>17.40</u> ft. Casing Materia	il: 🔲 Steel 🛛 Plastic 🔲 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 2 in.	
Year or decade constructed: 2018 Type of Const.	uotion: 🔲 Drilled 🔲 Driven 🔲 Bored 🗵 Augured 🔲 Dug
is this a Monitoring Well? X Yes No Well ID: M	
Check if Cistern ☐ Depth: ft. Diameter	
I certify this well has been plugged as required by rule 587-39.8 of the lows Administrative Code (IAC). I agree to provide	
any additional information the county or department may ne	ed concerning this well.
Signature of Owner Star Agrilence	F5 Date Plugged: 4/27/2021
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39,8 of the	owa Administrative Code (IAC).
Signature of Contractor:	Cert No: 9543
OR, if plugged by well owner, complete this box: The properly owner has plugged this well following requirem	ents in rule 587-39.8 of the lowa Administrative Code (IAC)
with the oversight and assistance of the designated county agent.	
Signature of County	Date Approved:
Agent:	Bala Apploved.
Flightly for County to County and charge The The The Material by County Agents	
Eligible for Grants-to-Countles cost share: Tyes No (Determined by County Agent)	
Complete one form for each well plugged and submit within	OP and the county results available to
30 days to the local county agent:	OR, only if no county agent is available, to: Water Supply Section
Matt Pltt 116 North Second Avenue	Iowa Department of Natural Resources
Logan, Iowa 51546	502 E 0 th St
(712) 644-2302	Des Moines IA 50319-0034



Abandoned Water Well Plugging Record

1. Owner:		
Name: Agriland FS	Phone:	
Address: 421 N 10th Street		
City: Winterset State: _I	A Zip: 60273	
If this was a Public Water Supply Well, please provide:		
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):	The state of the s	
SW 1/2 of, SW 1/2 of, NW 1/2 of, Section	19 , T _79 N, R _42 🗵 East 🗌 West	
County: Harrison Describe well location of	on property: See attached map	
GPS Well Location: Latitude: 41.417042	Longitude:94.568401	
3. Well Description:		
Well depth; 23.25 ft		
Depth to water 8.15 ft.		
	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 In. Year or decade		
constructed: 2018 Type of Construct	ollon: 🔲 Drilled 🔲 Driven 🔲 Bored 🔯 Augured 🗀 Dug	
Is this a Monitoring Well? X Yes No Well ID: MW		
Check if Cistern Depth: ft. Diameter:	ft.	
I certify this well has been plugged as required by rule 587-39.8 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 Agrile	Date Plugged: 4/27/2021	
If plugged by certified well contractor, complete this box:	and the second	
I have plugged this well as required by rate 557-39.2 of 116)lov	va Administrative Code (IAC).	
Signature of Contractor:	Cert No: 9543	
OR, if plugged by well owner, complete this box:		
The property owner has plugged this well following requirements in rule 587-39.8 of the lows Administrative Code (IAC)		
with the oversight and assistance of the designated county agent. Signature of County Agent: Date Approved:		
Agent:	Data whhicher	
Eligible for Grants-to-Countles 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:		
Matt Pitt	Water Supply Section	
116 North Second Avenue	lowa Department of Natural Resources	
Logan, Iowa 51546	502 E 9" 51 Des Moines IA 50319-0034	
(712) 644-2302		



1. Owner:		
Name: Agriland FS	Phone:	
Address: 421 N 10th Street		
City: Winterset State: 1/	Zip: 50273	
If Alichana - Paulin Marker Dan Landau III aleman - 15-		
If this was a Public Water Supply Well, please provide:	PM/DID Number	
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
SW 14 of, SW 14 of, NW 14 of, Section		
County: Harrison Describe well location o	n property: See attached map	
GPS Well Location: Latitude: 41.417042	Longitude:94.568401	
3. Well Description:		
Well depth: 12,25 ft		
Depth to water 7.0 ft.		
	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.		
Year or decade	store	
	tion: Drilled Driven Bored Augured Dug	
is this a Monitoring Well? X Yes No Well ID: MW	· <u>0</u>	
Check if Clatern Depth: ft. Diameter:	ft.	
I certify this well has been plugged as required by rule 587-39.8 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 Agricults Date Plugged: 4/27/2021		
Signature of Owner Land Agrilone	/ / Date Flugged: 4/2/12021	
If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rate 597-39.8 of the low	<u>ra</u> Administrative Code (IAC).	
Signature of Contractor:	Cert No: 9543	
	Andrew Control of the	
OR, if plugged by well owner, complete this box:		
The property owner has plugged this well following requirement	its 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-Countles 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:	
Matt Pitt	Water Supply Section lows Department of Natural Resources	
116 North Second Avenue	205 E 8p 2t Leading Leading Leadings	
Logan, Iowa 51546 (712) 644-2302	Des Moines IA 50319-0034	
	,	



Abandoned Water Well Plugging Record

1. Owner:	
Name: Agriland FS	Phone:
Address: 421 N 10th Street	
City: Winterset State: 14	Złp: <u>50273</u>
If this was a Public Water Supply Well, please provide:	
PWSID Name:	Pvv9iD Number.
2. Location of Well (Cistern):	
SW 1/2 of, SW 1/2 of, NW 1/2 of, Section	
County: <u>Harrison</u> Describe well location o	n property: <u>See attached map</u>
GPS Well Location: Latitude: 41.417042	Longitude: -94.566401
2 Mail Decodotion	
3. Well Description: Well depth: 10.30 ft	, , , , , , , , , , , , , , , , , , , ,
Depth to water 6.05 ft.	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
	☐ 9feet ☑ Ligatic ☐ Conference ☐ Cost ☐ prove ☐ 9feet
Casing diameter: 2 in. Year or decade	
constructed: 2018 Type of Construc	tion: 🔲 Drilled 🔲 Driven 🔲 Bored 🖾 Augured 🔲 Dug
is this a Monitoring Well? X Yes No Well ID: MW	7
Check if Clatern Depth: ft. Dlameter:	**
Office it Office it Deptit It. Distribution	149
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 Stand	nd FS Date Plugged: 4/27/2021
If plugged by certified well contractor, complete this box:	A X 1 A A A A A A A A A A A A A A A A A
I have plugged this well as required by rule 567-39.8 of the low	ga Atiministrative Code (IAC).
Signature of Contractor:	Cert No: 9543
OR, if plugged by well owner, complete this box:	Laure Contract Contra
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 age Signature of County	971L
Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Determined by County Agent)	
Filbibie tot, Giaute-to-Contines cost suste: Til tes Til to (Determined by Control yellow)	
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:
Matt Pitt	Water Supply Section
116 North Second Avenue	
	lowa Department of Natural Resources
Logan, Iowa 51546	lowa Department of Natural Resources 502 E 9 th St Des Moines IA 50319-0034



_1. Owner:		
Name: Agriland FS	Phone:	
Address: 421 N 10th Street		
City: Winterset State: V	Zip: <u>50273</u>	
	TOTAL CONTRACTOR OF THE CONTRA	
If this was a Public Water Supply Well, please provide:		
PWSID Name:	PWSID Number:	
	,	
2. Location of Well (Cistern):	19 . T 79 N. R 42 ⊠ East □ West	
SW 14 of, SW 14 of, NW 14 of, Section		
	on property: See attached map	
GPS Well Location: Letitude: 41.417042	Longitude:84.000401	
3. Well Description:		
Well depth: 9.00 ft		
Depth to water 2.55 ft.		
	☐ Steel ☑ Pleetic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.	·	
Year or decade		
	illon: 🔲 Drilled 🔲 Driven 🔲 Bored 🖾 Augured 🔲 Dug	
Is this a Monitoring Well? X Yes No Well ID: MW	<u>-10</u>	
Check if Clatern Depth: ft. Diameter:	ft.	
I certify this well has been plugged as required by rule 587-39.8 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 Agriculture of Owner Owne		
If plugged by certified wall contractor, complete this box:	4. 4. 4.	
I have plugged this well as required by rule 567-39.8 of the lov	/a Administrative Code (IAC).	
Signature of Contractor:	Cert No: 9543	
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 lowe Administrative Code (IAC)		
with the oversight and assistance of the designated county agent.		
Signature of County Agent:	Date Approved:	
Agent:	Dato Applotou	
Eligible for Grants-to-Counties cost share:		
Complete one form for each well plugged and submit within	OP L. If	
30 days to the local county agent:	OR, only if no county agent is available, to: Water Supply Section	
Matt Pitt	verter supply section lowe Department of Natural Resources	
116 North Second Avenue	502 E 9 th St	
Logan, Iowa 51546	Des Moines IA 60318-0034	
(712) 644-2302		



1. Cwner:		
Name: Agriland FS	Phone:	
Address: 421 N 10th Street		
City: Winterset State:	IA Zlp: <u>50273</u>	
If this was a Public Water Supply Well, please provide:		
PWSID Name:		
	34.2004	
2. Location of Well (Cistern):		
	19 , T 79 N, R 42 ⊠ East ☐ West	
	on property: See attached map	
GPS Well Location: Latitude: 41.417042	Longitude:94.566401	
3. Well Description:		
Well depth: 15.05 ft		
Depth to water 1.23 ft.		
Casing depth: 15.05 ft, Casing Material	: 🔲 Steel 🗵 Plastic 🔲 Concrete 🔲 Clay 🔲 Brick 🔲 Stone	
Casing diameter: 2 In.		
Year or decade		
	ction: Drilled Driven Bored X Augured Dug	
is this a Monitoring Well? X Yes No Well ID: M	<u>V-11</u>	
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 SKill Significan	Fr Date Plugged: 4/27/2021	
If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the lo	wa Administrative Gode (IAC).	
Signature of Contractor:	Cert No: 9543	
SP (Subural burnel) areas areas late like hour		
OR, if plugged by well owner, complete this box:	ents in rule 567-39 8 of the towa Administrative Code (IAC)	
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 Grents-to-Countles cost share:		
FIRMO IN AIDING-16-AARINGS COST STORIST FOR LOS FOR LA PROTOTITUDOS BY AGRICAL ABOUT		
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	
Matt Pitt	lows Department of Natural Resources	
116 North Second Avenue	502 E 9 th St	
Logan, Iowa 51546	Des Moines IA 50319-0034	
(712) 644-2302		



Abandoned Water Well Plugging Record

1, Owner:	
Name: Agriland FS	Phone:
Address: 421 N 10th Street	
City: Winterset State: I	A Zip: <u>60273</u>
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2, Location of Well (Cistern):	
SW 14 of, SW 14 of, NW 14 of, Section	· · · · · · · · · · · · · · · · · · ·
	n property: See attached map
GPS Well Location: Latitude: 41.417042	Longitude: <u>-94.568401</u>
3. Well Description:	
Well depth: <u>17.60</u> ft	
Depth to water 6.75 ft.	
· · · · · · · · · · · · · · · · · · ·	Steel 🛛 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 2 In.	
Year or decade constructed: 2018 Type of Construc	rition: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? X Yes ☐ No Well ID: MW	
Check if Clatern Depth: ft. Dlameter:	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 Stan San love	Date Plugged: 4/27/2021
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 507-39.8 of the lov	va Administrative Code (IAC).
Signature of Contractor:	Cert No: 9543
•	the state of the s
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-Countles cost share:	
Complete one form for each well plugged and submit within	OD only if no county arout in available, to
30 days to the local county agent: Matt Pitt	OR, only if no county agent is available, to: Water Supply Section
116 North Second Avenue	lowa Department of Natural Resources
Logan, Iowa 51546	502 E 9 th St
(712) 644-2302	Des Moines IA 50319-0034



1. Owner:		
Name: Agriland FS	Phone:	
Address: 421 N 10th Street		
City: Winterset State:	A Zip: 50273	
If this was a Public Water Supply Well, please provide:		
PWSID Name:		
2. Location of Well (Clatern):		
SW 1/2 of, SW 1/2 of, NW 1/2 of, Section	19 , T 79 N, R 42 🛛 East 🗌 West	
County: Harrison Describe well location	on property: See attached map	
GPS Well Location: Latitude: 41.417042	Longitude:94.586401	
3. Well Description:		
Well depth: 925 ft		
Depth to water 6.10 ft.		
Casing depth: 9.25 ft. Casing Materials	☐ Steel ☑ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone	
Casing diameter: 2 in.		
Year or decade	otion: 🔲 Drilled 🔲 Driven 🔲 Bored 🖾 Augured 🔲 Dug	
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	I concerning this well.	
Signature of Owner Advile	Date Plugged: 4/27/2021	
If plugged by certified well contractor, complete this box:		
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Signature of Contractor:		
OF If the self-based		
OR, if plugged by well owner, complete this box:	nts in rule 567-39.8 of the lowe Administrative Code (IAC)	
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Signature of County		
Agent:	Date Approved:	
Eligible for Grants-to-Countles cost share: Tyes 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:	
Matt Pitt	Water Supply Section	
116 North Second Avenue	lowa Department of Natural Resources 502 E 9th St	
Logan, lowa 51546	502 E 9" 5t Des Moines A 50319-0034	
(712) 644-2302		

Bergiel BIYKSALogenYKKKA. Sovjel och Bepolling Köd-duckLaufykkal. Kadol, siik 1855sessil. 2000/atheby – Los Gribel for Ka. 2021-1046 - Hi sedocker