11228 Aurora Avenue Des Moines, Iowa 50322-7905 United States www.ghd.com



GHD ref: 11156780-LTR-5

October 03, 2022

Ms. Dianna Daly-Husted, CP-FS, HHS Environmental Public Health Director Appanoose, Davis, Lucas, and Monroe Counties Department of Environmental Public Health 12307 Hwy 5, P.O. Box 399 Moravia, IA 52571

Monitoring Well Plugging Former Manufactured Gas Plant Site Albia, Iowa

Dear Ms. Daly-Husted:

During September 2021, nine monitoring wells associated with the former manufactured gas plant site in Albia, lowa were plugged in accordance with Rule 567—39.8 of the <u>lowa Administrative Code</u>. Completed plugging records (DNR Form 542-1226) are attached for your files.

If you have any questions or need additional information, please contact Ms. Jills Stevens of Interstate Power and Light Company at 608-458-0446 or me.

Sincerely,

Kevin G. Armstrong, C.P.G., P.M.P.

Kwin & armstrong.

Project Manager

+1 515-414-3935

kevin.armstrong@ghd.com

KA/mg/LTR-5

Encl.

Copy to: Jill Stevens, Interstate Power and Light Company (electronic copy only)

Matt Culp, Iowa Department of Natural Resources (electronic copy only)

# Attachments



1. Owner:	
Name: Interstate Power and Light Company (IPL)	Phone: 608-458-0446
Address: 4902 North Biltmore Lane	
City: Madison State: Wi	Zip: 53718
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
PW3IO None.	PARTICIPATION IN THE PARTICIPA
2. Location of Well (Cistern):	
SE ¼ of, SW ¼ of, SW ¼ of, Section	15 , T 72 N, R 17 East 🛛 West
County: Monroe Describe well location on	property: 510 Main Street N. Albia, IA
GPS Well Location: Latitude: 41.03174971	Longitude: -92.80783425
3 44-11 0	
3. Well Description:	
Well depth: 15 ft	
Depth to water 0.89 ft. Casing depth: 5 ft. Casing Material:	D. 18. 10. 10. 0. 0. 10.
ti cosing material.	Steel X Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.	
Year or decade constructed: 2018 Type of Construction	
Is this a Monitoring Well? Yes No Well ID: MW-(	<u></u>
Check if Cistern Depth: ft. Diameter:	ft.
I certify this well has been plugged as required by rule 567-39.8 of the additional information the county or department may need concern Signature of Owner	1   1   1   1   1   1   1   1   1   1
If plugged by certified well contractor, complete this box:	•
I have plugged this well as required by rule 567-39.8 of the Iowa Adr	ninistrative Code (IAC)
	ministrative code (inc).
Signature of Contractor: Michael 10cs	Cert No: <u>6494</u>
OR, if plugged by well owner, complete this box: The property owner has plugged this well following requirements in oversight and assistance of the designated county agent.	rule 567-39.8 of the lowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Determin	ned 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
Monroe County Health Sanitarian; c/o Dianna Daly-Husted 12307 Hwy 5; PO Box 389 Moravia, IA 52571	lowa Department of Natural Resources 502 E 9 <sup>th</sup> St
	Des Moines IA 50319-0034



1. Owner:	
Name: Interstate Power and Light Company (IPL)	Phone: 608-458-0446
Address: 4902 North Biltmore Lane	
City: Madison State: WI	Zip: 53718
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern): SE % of, SW % of, SW % of, Section 15	5 ,T 72 N,R 17 ∏East 🕅 West
County: Monroe Describe well location on pr	
GPS Well Location: Latitude: 41.03156417	Longitude: -92.80779031
of the country contour.	Longitude:
3. Well Description:	
Well depth: 15 ft	
Depth to water 1.27 ft.	
Casing depth: S ft. Casing Material:	Steel 🔀 Plastic 🗌 Concrete 🔲 Clay 🔲 Brick 🔲 Stone
Casing diameter: 2 in.	
Year or decade constructed: 2018 Type of Construction	n: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: MW-02	2
Check if Cistern Depth: ft. Diameter:	ft.
I certify this well has been plugged as required by rule 567-39.8 of the additional information the county or department may need concerning	
Signature of Owner Jul 5th (for	1PL) Date Plugged: 09/22/2022
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lowa Admi	inistrative Code (IAC).
Signature of Contractor: Michael 7 Ocsay	Cert No: 6494
OR, if plugged by well owner, complete this box: The property owner has plugged this well following requirements in noversight and assistance of the designated county agent.	ule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Determine	ed 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:
12307 Hwy 5; PO Box 389	Water Supply Section  lowa Department of Natural Resources  502 E 9 <sup>th</sup> St  Des Moines IA 50319-0034



1. Owner:	
Name: Interstate Power and Light Company (IPL)	Phone: 608-458-0446
Address: 4902 North Biltmore Lane	
City: Madison State: W	Zip: 53718
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2 1	The second secon
2. Location of Well (Cistern):  SE % of, SW % of, SW % of, Section	15 , T 72 N, R 17 ☐ East 🔀 West
County: Monroe Describe well location on	
GPS Well Location: Latitude: 41.031583	Longitude: -92.80791228
3. Well Description:	
Well depth: 15 ft	
Depth to water 0.5 ft.	
Casing depth: 5 ft. Casing Material:	Steel Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.	
Year or decade constructed: 2018 Type of Construction	on: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: MW-	03
Check if Cistern Depth: ft. Diameter:	ft.
I certify this well has been plugged as required by rule 567-39.8 of the additional information the county or department may need concern	
Signature of Owner AM Star C	6r (PL) Date Plugged: 09/22/2022
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lowa Adi	ministrative Code (IAC).
Signature of Contractor: Wichael 7 Ocu	Cert No: 6494
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requirements in oversight and assistance of the designated county agent.	rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Determi	ined 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:
Monroe County Health Sanitarian; c/o Dianna Daly-Husted 12307 Hwy 5; PO Box 389 Moravia, IA 52571	Water Supply Section Iowa Department of Natural Resources SDZ E 9 <sup>th</sup> St Des Moines IA 50319-0034



1. Owner:	
Name: Interstate Power and Light Company (IPL)	Phone: 608-458-0446
Address: 4902 North Biltmore Lane	
City: Madison State: W	Zip: 53718
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
PWSID Walle.	PWSID Number:
2. Location of Well (Cistern):	
SE ¼ of, SW ¼ of, SW ¼ of, Section	15 , T 72 N, R 17 East 🔀 West
County: Monroe Describe well location on	
GPS Well Location: Latitude: 41.03143021	Longitude: -92.80795336
3. Well Description:	
Well depth: 15 ft	
Depth to water 0.78 ft.	
Casing depth: 5 ft. Casing Material:	Steel X Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.	
Year or decade constructed: 2018 Type of Constructi	on: Drilled Driven Bored Augured Dug
is this a Monitoring Well? Yes No Well ID: MW-	
Check if Cistern Depth: ft. Diameter:	ft.
I certify this well has been plugged as required by rule 567-39.8 of the additional information the county or department may need concern.  Signature of Owner AND ATT CO	
If plugged by certified well contractor, complete this box:	•
I have plugged this well as required by rule 567-39.8 of the lowa Ad	minjstrative Code (IAC).
Signature of Contractor: Michael 7 Ocsy	Cert No: 6494
OR, If plugged by well owner, complete this box: The property owner has plugged this well following requirements in oversight and assistance of the designated county agent.	rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Determi	ned 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:
Monroe County Health Sanitarian; c/o Dianna Daly-Husted 12307 Hwy 5; PO Box 389 Moravia, IA 52571	Water Supply Section Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034



1. Owner:	600 450 0446
Name: Interstate Power and Light Company (IPL)	Phone: 608-458-0446
Address: 4902 North Biltmore Lane	F5.04.0
City: Madison State: Wi	Zip: 53718
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	15 , T 72 N, R 17 ☐ East 🔀 West
700, 200	
County: Monroe Describe well location on a	
GPS Well Location: Latitude: 41.03189267	Longitude: -92.8075797
3. Well Description:	
Well depth: 15 ft	
Depth to water 4.06 ft.	
Casing depth: 5 ft. Casing Material:	Steel X Plastic Concrete Clay Brick Stone
Casing diameter: 2 in.	
Year or decade constructed: 2018 Type of Construction	on: Drilled Driven Bored Augured Dug
Is this a Monitoring Well? Yes No Well ID: MW-	05
Check if Cistern Depth: ft. Diameter:	ft.
I certify this well has been plugged as required by rule 567-39.8 of the additional information the county or department may need concern	ne lowa Administrative Code (IAC). I agree to provide any ing this well.
Signature of Owner JUSE (	For IPL) Date Plugged: 09/22/2022
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the Iowa Adr	ministrative Code (IAC).
Signature of Contractor: Michael 7 Olsvi)	Cert No: 6494
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well following requirements in oversight and assistance of the designated county agent.	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 (Determi	ned 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:
Monroe County Health Sanitarian; c/o Dianna Daly-Husted	Water Supply Section Iowa Department of Natural Resources
12307 Hwy 5; PO Box 389	502 E 9th St
Moravia, IA 52571	Des Moines IA 50319-0034



1. Owner:	
Name: Interstate Power and Light Company (IPL)	Phone: 608-458-0446
Address: 4902 North Biltmore Lane	
City: Madison State: W	i Zip: 53718
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, SW ¼ of, Section	15 , T 72 N, R 17 ☐ East ⊠ West
County: Monroe Describe well location on	property: 510 Main Street N. Albia, IA
GPS Well Location: Latitude: 41.03158753	Longitude: -92.8075158
3. Well Description:	
Well depth: 15 ft	
Depth to water 1.29 ft.	
Casing depth: 5 ft. Casing Material:	Steel   Plastic   Concrete   Clay   Brick   Stone
Casing diameter: 2 in.	
Year or decade constructed: 2018 Type of Construction	on: Drilled Driven Bored Augured Dug
The or construction	
Is this a Monitoring Well? Yes No Well ID: 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 additional information the country or department may need concern Signature of Owner	
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lowa Adr	ministrative Code (IAC).
Signature of Contractor: Without TOisy	Cert No: 6494
OR, if plugged by well owner, complete this box: The property owner has plugged this well following requirements in oversight and assistance of the designated county agent.	rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Determine	ned 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:
Monroe County Health Sanitarian; c/o Dianna Daly-Husted 12307 Hwy 5; PO Box 389 Moravia, IA 52571	Water Supply Section lowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034



1. Owner:		
Name: Interstate Power and Light Company (IPL)	Phone: 608-458-0446	
Address: 4902 North Biltmore Lane		
City: Madison State: Wi	Zip: 53718	
If this was a Dublia Water Supply Well places aroulds.		
If this was a Public Water Supply Well, please provide: PWSID Name:	PWSID Number:	
PWSID Name:	PWSID Number:	
2. Location of Well (Cistern):		
SE X of, SW X of, SW X of, Section	15 , T 72 N, R 15 East 🛛 West	
County: Monroe Describe well location on p	property: Located on south side of C Avenue West	
GPS Well Location: Latitude: 41.0314988	Longitude: -92.8075926	
2 W-II Danielation		
3. Well Description:		
Well depth: 15 ft		
ocpor to water		
Casing depth: 5 ft. Casing Material:	Steel Plastic Concrete Clay Brick Stone	
Casing diameter: 2 in.		
Year or decade constructed: 2018 Type of Construction		
Is this a Monitoring Weil? Yes No Weil ID: MW-0	<del>)7</del>	
Check if Cistern Depth: ft. Diameter:	ft.	
I certify this well has been plugged as required by rule 567-39.8 of the additional information the county or department may need concern	요즘 보험이 PM 클럽 전에 대표로 12.1.4.4.4.1 이번 프랑스 이번 이 보고 있습니다. 이 전쟁에서 대표한 경기를 받고 있습니다. 이 경험 전에 가지 않는 것이다. 그리고 있습니다. 이 기	
Signature of Owner 443 (	(- 1PL) Date Plugged: 09/22/2022	
If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-39.8 of the Iowa Adr	ninistrative Code (IAC).	
Signature of Contractor: Michael Occay	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 lowa 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 (Determine	ned by County Agent)	
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Monroe County Health Sanitarian; c/o Dianna Daly-Husted 12307 Hwy 5; PO Box 389 Moravia, IA 52571	Water Supply Section Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St Des Moines IA 50319-0034	



1. Owner:		
Name: Interstate Power and		Phone: 608-458-0446
Address: 4902 North Biltmor	e Lane	
City: Madison	State: W	/I Zip: 53718
If this was a Public Water Su	nnly Well place provide:	
PWSID Name:	pply well, please provide.	MAISID North or
PWSID Name:		PWSID Number:
2. Location of Well (Cistern)	):	
SE ¼ of, SW	¼ of, SW ¼ of, Section	15 , T 72 N, R 17 East West
County: Monroe	Describe well location on	property: Located on south side of C Avenue West
GPS Well Location: Latitude:	41.03155247	Longitude: -92.80741754
3. Well Description:		
Well depth:	15 ft	
Depth to water	3.33 ft.	
Casing depth:	5 ft. Casing Material:	Steel 🗵 Plastic 🗋 Concrete 🗋 Clay 🔲 Brick 🗌 Stone
Casing diameter:	2 in.	
Year or decade constructed:	2021 Type of Constructi	on: Drilled Driven Bored Augured Dug
Is this a Monitoring Well?	Yes No Well ID: MW-	08R
Check if Cistern Depth	ft. Diameter:	ft.
	ged as required by rule 567-39.8 of t only or department may need concern	he Iowa Administrative Code (IAC). I agree to provide any ning this well.
Signature of Owner	14156	(for 1PL) Date Plugged: 09/22/2022
If plugged by certified well con	tractor, complete this box:	
	uired by rule 567-39.8 of the lowa Ad	ministrative Code (IAC).
	Miles 7 Dem	Cert No: 6494
Signature of Contractor:	1.mg 1 05.4	Cert No: 6494
OR, if plugged by well owner, of The property owner has plugge oversight and assistance of the	ed this well following requirements in	n rule 567-39.8 of the Iowa Administrative Code (IAC) with the
Signature of County Agent:		Date Approved:
Eligible for Grants-to-Counties	cost share: Yes No (Determine	ined by County Agent)
Complete one form for each w days to the local county agent	vell plugged and submit within 30	OR, only if no county agent is available, to:
Monroe County Health Sanitari 12307 Hwy 5; PO Box 389 Moravia, IA 52571	ian; c/o Dianna Daly-Husted	Water Supply Section Iowa Department of Natural Resources 502 E 9 <sup>th</sup> St



1. Owner:	
Name: Interstate Power and Light Company (IPL)	Phone: 608-458-0446
Address: 4902 North Biltmore Lane	
City: Madison State: W	Zip: 53718
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Location of Well (Cistern):	
	15 , T 72 N, R 17 ☐ East 🕅 West
County: Monroe Describe well location on	
GPS Well Location: Latitude: 41.03170502	Longitude: -92.80739001
3. Well Description:	
Well depth: 15 ft	
Depth to water 2.45 ft. Casing depth: 5 ft. Casing Material:	Constant Con
Casing depth. 2 in. Casing waterial:	Steel 🗵 Plastic 🗌 Concrete 🔛 Clay 🔲 Brick 🔲 Stone
Year or decade constructed: 2018 Type of Construction	on: 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 567-39.8 of the additional information the county or department may need concern	
Signature of Owner J.W. St.	(40- 1PL) Date Plugged: 09/22/2022
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lowa Adr	ministrative Code (IAC).
Signature of Contractor: Michael Ocay	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 lows Administrative Code (IAC) with the
oversight and assistance of the designated county agent.	The second secon
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: Yes No (Determin	ned 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:
Monroe County Health Sanitarian; c/o Dianna Daly-Husted	Water Supply Section
12307 Hwy 5; PO Box 389	lowa Department of Natural Resources 502 E 9 <sup>th</sup> St
Moravia, IA 52571	Des Moines IA 50319-0034