



The Complete Solution

CORPORATE HEADQUARTERS

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DES MOINES, IA 50313
PHONE: 515-262-5000

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DES MOINES, IA 50316
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December 18, 2024

Joe Mernka
W&H Cooperative
1021 16th Avenue N.
Humboldt, IA 50548

RE: Monitoring Well Closure: W&H Cooperative: 1021 16th Ave North., Humboldt, Humboldt County, IA

Mr. Mernka,

Seneca is pleased to submit the Well Closure Documentation for the above-mentioned site. All located monitoring wells were plugged on December 16, 2024. During closure activities, five (5) wells were plugged and monitoring wells MW10, MW11R, and MW13 were already plugged. The following wells were unable to be located: MW4, MW5, MW6, MW7, MW8, MW9, MW14, MW15, MW16, MW7, MW19, MW20, and MW21.

We will send the attached forms on to the County and DNR on your behalf.

If you have any questions regarding this report, please contact me at lnagel@senecaco.com or 515-261-7717.

Sincerely,
Seneca Companies

A handwritten signature in black ink that reads "Leslie Nagel".

Leslie Nagel
Operations Manager, CGP #2029

Enclosed: Well Closure Forms, Site Plan Map



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

1. Owner:

Name: W&H Cooperative Phone: _____
Address: 1021 16th Ave N
City: Humboldt State: IA Zip: 50548

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 36, T 92 N, R 29 ☐ East ☒ West
County: Humboldt Describe well location on property: See Attached Map
GPS Well Location: Latitude: 42.739257 Longitude: -94.224155

3. Well Description:

Well depth: 15.00 ft.
Depth to water: 8.03 ft.
Casing depth: 14.00 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 1994 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: 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: 12/16/2024

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: 7660

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: W&H Cooperative Phone: _____
Address: 1021 16th Ave N
City: Humboldt State: IA Zip: 50548

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 36, T 92 N, R 29 ☐ East ☒ West
County: Humboldt Describe well location on property: See Attached Map
GPS Well Location: Latitude: 42.739257 Longitude: -94.224155

3. Well Description:

Well depth: 15.00 ft
Depth to water: 6.77 ft.
Casing depth: 14.68 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 1994 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: 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: 12/16/2024

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: 7660

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 9th St
Des Moines IA 50319-0034



IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well
Plugging Record****1. Owner:**Name: W&H Cooperative Phone: _____Address: 1021 16th Ave NCity: Humboldt State: IA Zip: 50548

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):SE $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 36, T 92 N, R 29 ☐ East ☒ WestCounty: Humboldt Describe well location on property: See Attached MapGPS Well Location: Latitude: 42.739257 Longitude: -94.224155**3. Well Description:**Well depth: 15.00 ftDepth to water: 7.60 ft.Casing depth: 13.64 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ StoneCasing diameter: 2 in.Year or decade constructed: 1994 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ DugIs this a Monitoring Well? ☒ Yes ☐ No Well ID: MW2Check 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  Date Plugged: 12/16/2024

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:  Cert No: 7660

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 9th St Des Moines IA 50319-0034
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IOWA DEPARTMENT OF NATURAL RESOURCES

**Abandoned Water Well
Plugging Record****1. Owner:**Name: W&H Cooperative Phone: _____Address: 1021 16th Ave NCity: Humboldt State: IA Zip: 50548

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):SE $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 36, T 92 N, R 29 ☐ East ☒ WestCounty: Humboldt Describe well location on property: See Attached MapGPS Well Location: Latitude: 42.739257 Longitude: -94.224155**3. Well Description:**Well depth: 15 ftDepth to water: 9.18 ft.Casing depth: 12.53 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ StoneCasing diameter: 2 in.Year or decade constructed: 1994 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ DugIs this a Monitoring Well? ☒ Yes ☐ No Well ID: MW12Check 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:  Date Plugged: 12/16/2024

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:  Cert No: 7660

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: W&H Cooperative Phone: _____
Address: 1021 16th Ave N
City: Humboldt State: IA Zip: 50548

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

SE $\frac{1}{4}$ of, SW $\frac{1}{4}$ of, NW $\frac{1}{4}$ of, Section 36, T 92 N, R 29 ☐ East ☒ West
County: Humboldt Describe well location on property: See Attached Map
GPS Well Location: Latitude: 42.739257 Longitude: -94.224155

3. Well Description:

Well depth: 15.00 ft
Depth to water: 10.15 ft
Casing depth: 14.23 ft. Casing Material: ☐ Steel ☒ Plastic ☐ Concrete ☐ Clay ☐ Brick ☐ Stone
Casing diameter: 2 in.
Year or decade constructed: 1995 Type of Construction: ☐ Drilled ☐ Driven ☐ Bored ☒ Augured ☐ Dug
Is this a Monitoring Well? ☒ Yes ☐ No Well ID: MW18
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: 12/16/2024

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: 7660

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: _____

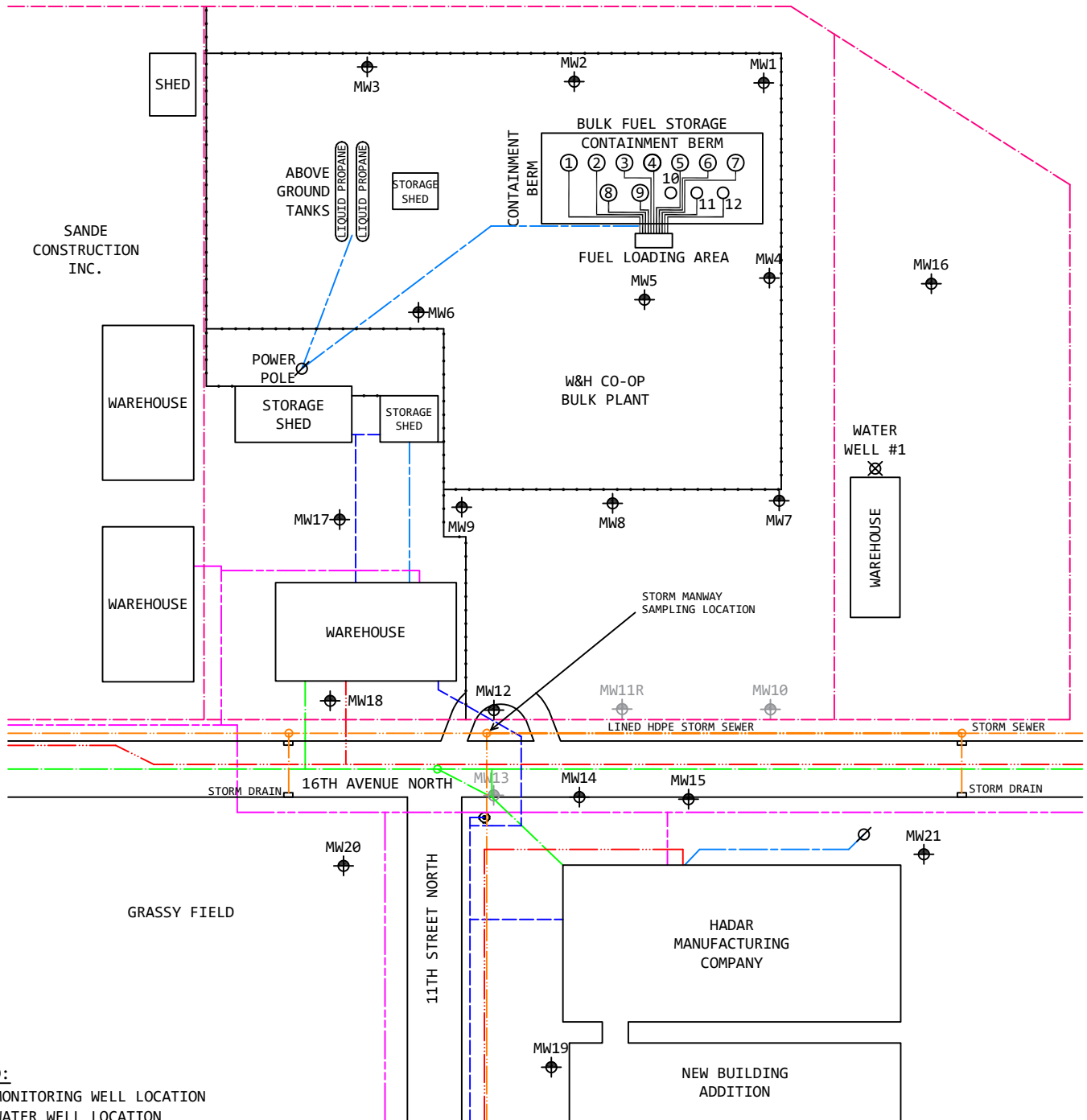
Eligible for Grants-to-Counties cost share: ☐ Yes ☐ No (Determined by County Agent)

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 9th St
Des Moines IA 50319-0034

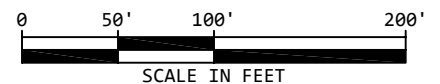
GRASSY FIELD



LEGEND:

- ⊕ MONITORING WELL LOCATION
- ⊗ WATER WELL LOCATION
- STORM DRAIN INTAKE

- ELECTRIC LINE
- GAS LINE
- PROPERTY LINE
- SANITARY SEWER LINE
- STORM SEWER LINE
- TELEPHONE LINE
- WATER LINE
- CHAIN LINK FENCE LINE



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REV. NO. DATE: 				JOB DESCRIPTION: W&H CO-OP OIL COMPANY BULK PLANT 1021 16TH AVENUE NORTH HUMBOLT, IOWA 50548									
PROJECT NO: 6363077				FILENAME: 6363077A		DATE: 07/23/2019		DRAWN BY: DARRICK WORRALL		CHECKED BY: ANDREW CARVER		SCALE: 1" = 100'	
						SHEET TITLE: SCALED SITE PLAN							