



CON 12-15
Doc #13681

CON 12-15
1/17/04 Burda (RR Donnelley)
R29

April 14, 2004

Mr. Robert Drustrup, Environmental Engineer
Contaminated Sites Section
Iowa Department of Natural Resources
900 East Grand Avenue
Des Moines, Iowa 50319-0034

RE: Well Abandonment Activities
R.R. Donnelley & Sons Company Facility
Hand Corrections Underground Storage Tank Area
Des Moines, Iowa

MWH Americas, Inc. (MWH) has completed well abandonment activities at the R.R. Donnelley & Sons Company (RR Donnelley) Park Avenue facility (Facility) located at 5701 Southwest Park Avenue in Des Moines, Iowa. MWH conducted this work on March 18 and 19, 2004 for the hand corrections underground storage tank (UST) area (Hand Corrections Site), to address remaining Iowa Department of Natural Resources (IDNR) issues with the Facility.

Background

On October 1, 2002, the IDNR reviewed a letter prepared by MWH summarizing the historical investigative and remedial activities completed at the Hand Corrections Site. Based on the information provided, the IDNR agreed that no further monitoring or remedial action would be required. Remaining activities required by the IDNR included the abandonment of the existing monitoring wells and recovery well, and submittal of well abandonment documentation to appropriate state and local authorities.

Well Abandonment and Plugging Activities

A total of eight monitoring wells and one recovery well were abandoned at the Hand Corrections Site. MWH retained the services of Rewerts Drilling Services, a certified water well driller, to properly plug and abandon the wells according to rule 567-39.8 of the Iowa Administrative Code. These activities were supervised by MWH personnel.

Documentation

IDNR Well Abandonment and Plugging Forms signed by the certified water well driller and Facility owner were completed for each plugged well. Copies of the forms have been submitted to the Polk County Health Department, as documented in the attached letter to Mr. John Bein of the Polk County Health Department.

Under separate cover, a request for closure of the existing water withdrawal Permit No. 7106 for the Hand Corrections Site recovery well was submitted to the IDNR Water Supply Section. A copy of this letter is also attached for reference.

If you have questions, please contact Dr. Dale Kalina of RR Donnelley at (630) 322-6709 or me at (515) 253-0830.

Sincerely,



Stephen R. Varsa
Senior Hydrogeologist
Iowa Certified Groundwater Professional No. 1636

/rdl:srv:sjr:vas

Attachments

cc: Dr. Dale Kalina, RR Donnelley, 3075 Highland Parkway, Downers Grove, IL 60515



April 6, 2004

Mr. John Bein
Polk County Health Department
5895 N.E. 14th Street
Des Moines, Iowa 50313

RE: Well Abandonment Activities
R.R. Donnelley & Sons Company Facility
Hand Corrections Underground Storage Tank Area and Former Solvent
Recovery Underground Storage Tank Site (IDNR LUST No. 8LTV53)
Des Moines, Iowa

Dear Mr. Bein:

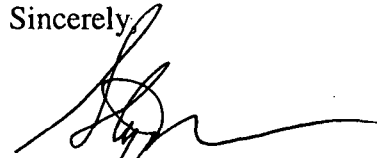
MWH Americas, Inc. (MWH) has completed well abandonment activities at the R.R. Donnelley & Sons Company (RR Donnelley) facility (Facility) located at 5701 Southwest Park Avenue in Des Moines, Iowa.

On May 18 and 19, 2004 MWH supervised the proper abandonment of eight monitoring wells and one recovery well were abandoned at the hand corrections underground storage tank (UST) area (Hand Corrections Site), and four monitoring wells at the former solvent recovery UST site (Solvent Recovery Site). One monitoring well (MW-1) reported at the Solvent Recovery Site could not be located with a metal detector. According to an October 7, 1999 Site Plan Map by Seneca Environmental Services, this well was located near a former UST area. The ground surface in the vicinity of MW-1 is gravel, indicating previous construction activities may have occurred in this area.

MWH retained the services of Rewerts Drilling Services, a certified water well driller, to properly plug and abandon the wells according to rule 567-39.8 of the Iowa Administrative Code. IDNR Well Abandonment and Plugging Forms signed by the certified water well driller and Facility owner are attached for each plugged well.

If you have questions, please contact Dr. Dale Kalina of RR Donnelley at (630)-322-6708 or me at (515) 253-0830.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Varsa', with a long horizontal flourish extending to the right.

Stephen R. Varsa
Senior Hydrogeologist
Iowa Certified Groundwater Professional No. 1636

/rdl:sv:sjr

Attachments

cc: Dr. Dale Kalina, RR Donnelley, 3075 Highland Parkway, Downers Grove, IL 60515

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW PARK AVE Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 79 N, Range 24 West East(circle one)
POLK County, Describe well location on property: NW COR. PROPERTY
- SLOWLY RECOVERING SITE

3. Description:

Well depth: <u>17.5</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>± 15'</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: <u>drilled</u> , driven, bored, dug, augered (circle one)
Yr. or decade constrd.: <u>1993</u>	
Depth of casing: <u>7.5</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-2</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: [Signature] Date Plugged: 3-19-04

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. 40281

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:

Water Supply Section
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW PARK AVE Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 71 N, Range 24 West East(circle one)
POLK County, Describe well location on property: NW COR. PROPERTY
- SOLVENT RECOVERY SITE

3. Description:

Well depth:	<u>17.5 ft.</u>	Casing material:	steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water:	<u>±15 ft.</u>	Type of construction:	<u>drilled</u> driven, bored, dug, augered (circle one)
Casing diameter:	<u>2 in.</u>	Yr. or decade constrd.:	<u>1993</u>
Depth of casing:	<u>7.5 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-3</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: [Signature] Date Plugged: 7/28/04

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. 40281

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:

Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW Park Ave Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 79 N, Range 24 (West/East(circle one))
POLK County, Describe well location on property: NW COR. PROPERTY
- GOWEN RECOVERY SITE

3. Description:

Well depth:	<u>17.5 ft.</u>	Casing material:	steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water:	<u>±15 ft.</u>	Type of construction:	<u>drilled</u> driven, bored, dug, augered (circle one)
Casing diameter:	<u>2 in.</u>		
Yr. or decade constrd.:	<u>1999</u>		
Depth of casing:	<u>7.5 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-4</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: [Signature] Date Plugged: 3/27/01

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. 40281

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 and 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
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW Park Ave Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 79 N, Range 24 West East(circle one)
POLK County, Describe well location on property: MW COR. PROTECT
- SLOWLY RECOVERY SITE

3. Description:

Well depth: <u>17.5 ft.</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>± 15 ft.</u>	Type of construction: <u>drilled</u> , driven, bored, dug, augered (circle one)
Casing diameter: <u>2 in.</u>	
Yr. or decade constrd.: <u>1999</u>	
Depth of casing: <u>7.5 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-5</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: [Signature] Date Plugged: 3/12/99

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. 40281

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 (see stat.) ☐ 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW Park Ave. Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 79 N, Range 24 West East(circle one)
Polk County, Describe well location on property: INSIDE BUILDING

- HAND CORRECTIONS SITE

3. Description:

Well depth: <u>40</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>36</u> ft.	Type of construction: <u>drilled</u> , driven, bored, dug, augered (circle one)
Casing diameter: <u>1</u> in.	Yr. or decade constrd.: <u>1989</u>
Depth of casing: <u>35</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>P-1</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 designated county agent requests concerning this well.
Signature of Owner: [Signature] Date Plugged: 1989

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. 40281

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 County (Yes/No) ☐ 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW PARK AVE Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 71 N, Range 24 West East (circle one)
POLK County, Describe well location on property: INSIDE BUILDING
- HAND CORRECTIONS SITE

3. Description:

Well depth: <u>40</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>35</u> ft.	Type of construction: <u>drilled</u> driven, bored, dug, augered (circle one)
Casing diameter: <u>1</u> in.	Yr. or decade constr.: <u>1989</u>
Depth of casing: <u>35</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>P-2</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: [Signature] Date: 12/12/95

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. 40281

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 Cover Plugging Costs? ☐ 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW Park Ave Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 71 N, Range 24 West East(circle one)
POLK County, Describe well location on property: INSIDE BUILDING
- HAND COLLECTORS SITE

3. Description:

Well depth:	<u>40</u> ft.	Casing material:	steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>36</u> ft.	Type of construction:	<u>drilled</u> , driven, bored, dug, augered (circle one)
Casing diameter:	<u>1</u> in.	Yr. or decade constrd.:	<u>1989</u>
Depth of casing:	<u>35</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>P-3</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: [Signature] Date Plugged: 12/95

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. 40281

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/State: ☐ YES ☐ NO (Designated 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW PARK AVE Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 79 N, Range 24 West East (circle one)
POLK County, Describe well location on property: INSIDE BUILDING

- HAND CORRECTIONS SITE

3. Description:

Well depth:	<u>37</u> ft.	Casing material:	<u>steel</u> , plastic, concrete, clay, brick, stone (circle one)
Depth to water:	<u>33</u> ft.	Type of construction:	<u>drilled</u> , driven, bored, dug, augered (circle one)
Casing diameter:	<u>2</u> in.	Yr. or decade constrd.:	<u>1988</u>
Depth of casing:	<u>27</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-1</u>

Check ☐ if Cistern depth: _____ ft. diameter: _____ ft.

I hereby certify that this well has been plugged by rule 567-39.8 of the Iowa Administrative Code (IAC). I have signed this and additional information, the County Agent has signed and sealed this form.

Signature of Owner: [Signature]

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: Justin Rewate Cert. No. 40281

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 Grant to County or State ☐ YES ☒ NO (Certified 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well

Plugging Record

1. Owner:

Name: <u>RR. Donnelley + Sons</u>	City: <u>Des Moines</u>	State: <u>IA</u>
Address: <u>5701 SW PARK AVE</u>	Zip: <u>50319</u>	Phone: <u>(515) 283-3704</u>

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 79 N, Range 24 West East(circle one)
POLK County, Describe well location on property: INSIDE BUILDING
- LAND CORRECTIONS SITE

3. Description:

Well depth: <u>40.8</u> ft.	Casing material: <u>steel</u> , plastic, concrete, clay, brick, stone (circle one)
Depth to water: <u>35</u> ft.	Type of construction: <u>drilled</u> , driven, bored, dug, augered (circle one)
Casing diameter: <u>2</u> in.	
Yr. or decade constr.: <u>1989</u>	
Depth of casing: <u>30.8</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I.D.: <u>MW-2</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: [Signature] Date Plugged: 3/17/04

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. 40281

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 and State: ☐ YES ☐ NO (to be completed 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW PARK AVE Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 71 N, Range 24 West East(circle one)
POLK County, Describe well location on property: INSIDE BUILDING

— HAND CORRECTIONS SITE

3. Description:

Well depth:	<u>40.8</u> ft.	Casing material:	<u>steel</u> plastic, concrete, clay, brick, stone (circle one)
Depth to water:	<u>35</u> ft.	Type of construction:	<u>drilled</u> driven, bored, dug, augered (circle one)
Casing diameter:	<u>2</u> in.	Yr. or decade constrd.:	<u>1989</u>
Depth of casing:	<u>30.8</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-3</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.
Signed and Certified: [Signature] Date: 12/1/95

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: Justin Kewerts Cert. No. 40281

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 or State: ☐ YES ☐ NO (Recommended 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW PARK AVE Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 71 N, Range 24 West East (circle one)
POVK County, Describe well location on property: INSIDE BUILDING
- LAND CORRECTIONS SITE

3. Description:

Well depth:	<u>39.9</u> ft.	Casing material:	<u>steel</u> , plastic, concrete, clay, brick, stone (circle one)
Depth to water:	<u>35</u> ft.	Type of construction:	<u>drilled</u> driven, bored, dug, augered (circle one)
Casing diameter:	<u>2</u> in.		
Yr. or decade constrd.:	<u>1989</u>		
Depth of casing:	<u>29.9</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well I.D.: <u>MW-4</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: [Signature] Date Plugged: 3/12/94

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. 46281

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:

	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>RR. Donnelley + Sons</u>	City: <u>Des Moines</u>	State: <u>IA</u>
Address: <u>5701 SW Park Ave</u>	Zip: <u>50319</u>	Phone: <u>(515) 283-3704</u>

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 79 N, Range 24 West East(circle one)
POW County, Describe well location on property: INSIDE BUILDING

- HAND CORRECTIONS SIDE

3. Description:

Well depth: <u>39.8</u> ft.	Casing material: <u>steel</u> plastic, concrete, clay, brick, stone (circle one)
Depth to water: <u>35</u> ft.	Type of construction: <u>drilled</u> driven, bored, dug, augered (circle one)
Casing diameter: <u>2</u> in.	Yr. or decade constrd.: <u>1989</u>
Depth of casing: <u>29.8</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID.: <u>MW-5</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: [Signature] Dated: 12/12/95

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: <u>[Signature]</u>	Cert. No. <u>40281</u>

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 (see page 1) ☒ 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW Park Ave Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 71 N, Range 24 West East (circle one)
Polk County, Describe well location on property: INSIDE BUILDING
- HAND COORDINATES SITE

3. Description:

Well depth: <u>50</u> ft.	Casing material: <u>steel</u> plastic, concrete, clay, brick, stone (circle one)
Depth to water: <u>35</u> ft.	Type of construction: <u>drilled</u> driven, bored, dug, augered (circle one)
Casing diameter: <u>10</u> in.	Yr. or decade constrd.: <u>1990</u>
Depth of casing: <u>VNK</u> ft.	Check <input checked="" type="checkbox"/> if this is a <u>Monitoring Well</u> Well I.D.: <u>PEANUT WELL</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: [Signature] Date Plugged: 1/22/91

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. 40281

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 Act: ☐ YES ☐ NO (Designated 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 Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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April 14, 2004

Water Supply Section
Iowa Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034

RE: Recovery Well Abandonment Activities and Request for Closure of Permit No. 7106
R.R. Donnelley & Sons Company Facility
Hand Corrections Underground Storage Tank Area
Des Moines, Iowa Facility

To Whom It May Concern:

MWH Americas, Inc. (MWH) has completed well abandonment activities at the R.R. Donnelley & Sons Company (RR Donnelley) facility (Facility) located at 5701 Southwest Park Avenue in Des Moines, Iowa. This letter serves as a request for closure of the recovery well water withdrawal Permit No. 7106.

Background

On October 1, 2002, the IDNR reviewed a letter prepared by MWH summarizing the historical investigative and remedial activities completed at the Hand Corrections Site. Based on the information provided, the IDNR agreed that no further monitoring or remedial action would be required. Remaining activities required by the IDNR included the abandonment of the existing monitoring wells and recovery well, and submittal of well abandonment documentation to appropriate state and local authorities.

Well Abandonment and Plugging Activities

On March 18 and 19, 2004 a total of eight monitoring wells and one recovery well were abandoned at the Hand Corrections Site. The recovery well operated under water withdrawal Permit No. 7106. MWH retained and supervised the services of Rewerts Drilling Services, a certified water well driller, to properly plug and abandon the wells according to rule 567-39.8 of the Iowa Administrative Code. An IDNR Well Abandonment and Plugging Form signed by the certified water well driller and Facility owner is attached for the recovery well. As this well no longer is a viable water supply well, the above-referenced water withdrawal permit is not required.

If you have questions, please contact Dr. Dale Kalina of RR Donnelley at (630) 322-6709 or me at (515) 253-0830.

Sincerely



Stephen R. Varsa
Senior Hydrogeologist
Iowa Certified Groundwater Professional No. 1636

/rdl:srv:sjr:vas

Attachments

cc: Dr. Dale Kalina, RR Donnelley, 3075 Highland Parkway, Downers Grove, IL 60515
Mr. Paul Vandorpe, Iowa Geologic Survey Bureau, 109 Trowbridge Hall,
Iowa City, IA 52242-1319

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: RR. Donnelley + Sons City: Des Moines State: IA
Address: 5701 SW PARK AVE Zip: 50319 Phone: (515) 283-3704

2. Well (Cistern) Location:

1/4 of, 1/4 of, SE 1/4 of, Section 14, Twp. 79 N, Range 24 West East(circle one)
POLK County, Describe well location on property: INSIDE BUILDING
- HAND CORRECTIONS SITE

3. Description:

Well depth: <u>50</u> ft.	Casing material: <u>steel</u> plastic, concrete, clay, brick, stone (circle one)
Depth to water: <u>35</u> ft.	
Casing diameter: <u>10</u> in.	Type of construction: <u>drilled</u> driven, bored, dug, augered (circle one)
Yr. or decade constrd.: <u>1990</u>	
Depth of casing: <u>UNK</u> ft.	Check <input checked="" type="checkbox"/> if this is a <u>Monitoring Well</u> Well I.D.: <u>PEANUT WELL</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.
Signature of Owner: [Signature] Date Plugged: 5/12/94

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. 40281

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 and State: ☐ 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
Department of Natural Resources
900 East Grand Avenue
Des Moines, IA 50319-0034