

Litton

Corporate

August 20, 2001

Litton Industries, Inc.
185 Ridgedale Avenue
Cedar Knolls, New Jersey
07927-1812

Tel 973 455-0606
Fax 973 455-0306

Department of Natural Resources
Water Supply Section
502 East 9th Street
Des Moines, IA 50319-0034

Subject: CRESTICON (LEHIGH-LEOPOLD)
Environmental Remediation
Burlington, IA
Project Order Number Z-9329-U
WELL ABANDONMENT REPORT


To Whom it May Concern:

Enclosed please find the Well Abandonment Report and associated Abandoned Water Well Plugging Records for the former Lehigh-Leopold site in Burlington, Iowa. Pursuant to the May 7, 2001 Iowa Department of Natural Resources (IDNR) no further action letter, well abandonment activities were completed in accordance with the IDNR well plugging procedures.

The submittal of this report completes the environmental work required by Cresticon, Inc. at this property. Please call with any questions.

Very truly yours,

LITTON, a Northrop Grumman Subsidiary


Rebecca S. Gallay
Project Manager, Environmental Affairs

RG:had

Enclosure

cc: B. Schwenker (Standard of Beaverdale) – with enclosure
D. Brewer (SCS)
J. Luca
M. Pettegrew
L. Nnadi (IDNR) – with enclosure

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Lehigh-Leopold
Burlington

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SCS ENGINEERS

Lehigh-Leopold

CON 12-15-

August 17, 2001
File No. 08195009.04

Ms. Rebecca Gallay
Project Manager
Litton Industries, Inc.
185 Ridgedale Avenue
Cedar Knolls, NJ 07927-1812

2001 AUG 27 A 10:55
DEPT. OF
NATURAL RESOURCES

Subject: Well Abandonment Report at 2825 Mount Pleasant Street in Burlington, Iowa

Dear Ms. Gallay:

SCS Engineers conducted well abandonment activities at the aforementioned Litton property on July 17, 2001. Five groundwater monitoring wells were abandoned in accordance with Iowa Department of Natural Resources (IDNR) well plugging procedures. The monitoring wells abandoned included SCS-1 through SCS-5. All five well casings were successfully pulled from each borehole. Upon the removal of the well casing, the annular space was sealed with bentonite clay to within one foot of the ground surface. The remaining annulus was filled with concrete to match existing grade conditions.

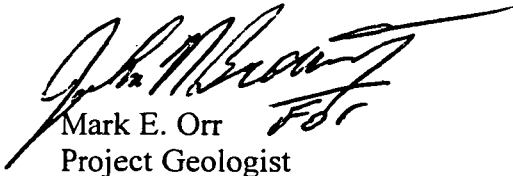
Included with this submittal is a map depicting the locations of the abandoned monitoring wells. The completed well abandonment forms are located in Attachment A.

We appreciate your selection of SCS for this project. If you have any questions regarding this letter, please contact us at your convenience.

Sincerely,



David E. Brewer, P.G.
Vice President
SCS ENGINEERS



Mark E. Orr
Project Geologist
SCS ENGINEERS

DEB:MEO:tcf

Enclosures



ATTACHMENT A
WELL ABANDONMENT FORMS

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner: Cresticon, Inc.

Name: LITTON INDUSTRIES, INC. City: CEDAR KNOLLS State: NJ
Address: 185 RIDGEDALE AVE Zip: 07927 Phone: 973 455-0606

2. Well (Cistern) Location: PWSID#: _____
NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 36, Twp. 70 N, Range 3 West/East(circle one)
DES MOINES County, Describe well location on property: SE CORNER OF SITE

3. Description:

Well depth: 19.65 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 5 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Yr. or decade constrd.: 6/3/93 1990'S (circle one)
Depth of casing: 20 ft. Check ☒ if this is a Monitoring Well Well I D.: SCS-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: [Signature] for Cresticon, Inc. Date Plugged: 7/17/01

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. 40245

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
502 East 9th Street
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: Cresticon, Inc. mp
LITTON INDUSTRIES, INC. City: CEDAR KNOLLS State: NJ
Address: 185 RIDGEDALE AVE Zip: 07927 Phone: 973 455-0606

2. Well (Cistern) Location:

PWSID#: _____

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 36, Twp. 70 N, Range 3 West/East(circle one)
DES MOINES County, Describe well location on property: WEST BOUNDARY,
400 SOUTH OF MOUNT PLEASANT STREET

3. Description:

Well depth: 22.04ft. Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: 4ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered mp
Yr. or decade constr.: 7/25/99 1990'S (circle one)
Depth of casing: 22 ft. Check ☒ if this is a Monitoring Well Well I.D.: SCS-1A

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: Julianne for Cresticon, Inc. Date Plugged: 7/17/01

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. 40245 mp

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
502 East 9th Street
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner: Cresticon, Inc.

Name: <u>LITTON INDUSTRIES, INC.</u>	City: <u>CEDAR KNOLLS</u>	State: <u>NJ</u>
Address: <u>185 RIDGEDALE AVE</u>	Zip: <u>07927</u>	Phone: <u>973 455-0606</u>

2. Well (Cistern) Location: PWSID#: _____

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 36, Twp. 70 N, Range 3 West/East(circle one)
_____ DES MOINES County, Describe well location on property: NE CORNER OF SITE

3. Description:

Well depth: <u>19.33 ft.</u>	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: <u>4.85 ft.</u>	(circle one)
Casing diameter: <u>2 in.</u>	Type of construction: drilled, driven, bored, dug, <u>augered</u>
Yr. or decade constr.: <u>3/16/93</u> 1990'S	(circle one)
Depth of casing: <u>19 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well I D.: <u>SCS-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] for Cresticon, Inc. Date Plugged: 7/17/01

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. 40245

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
502 East 9th Street
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner: Cresticon, Inc.

Name: LITTON INDUSTRIES, INC. City: CEDAR KNOLLS State: NJ
Address: 185 RIDGEDALE AVE Zip: 07927 Phone: 973 455-0606

2. Well (Cistern) Location:

PWSID#: _____

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 36, Twp. 70 N, Range 3 West/East(circle one)
DES MOINES County, Describe well location on property: N EDGE OF SITE

3. Description:

Well depth: 19.83 ft. Casing material: steel, plastic concrete, clay, brick, stone
Depth to water: 5 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Yr. or decade constrd.: 6/3/93 1990'S (circle one)
Depth of casing: 20 ft. Check ☒ if this is a Monitoring Well Well I D.: SCS-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: [Signature] for Cresticon, Inc. Date Plugged: 7/17/01

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. 40245

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
502 East 9th Street
Des Moines, IA 50319-0034

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner: Cresticon, Inc.

Name: LITTON INDUSTRIES, INC. City: CEDAR KNOLLS State: NJ
Address: 185 RIDGEDALE AVE Zip: 07927 Phone: 973 455-0606

2. Well (Cistern) Location:

PWSID#: _____

NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 36, Twp. 70 N, Range 3 West/East(circle one)

DES MOINES County,

Describe well location on property: SW CORNER OF

SITE

3. Description:

Well depth: 15.12 ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: 2 ft. (circle one)
Casing diameter: 2 in. Type of construction: drilled, driven, bored, dug, augered
Yr. or decade constrd.: 3/16/93 1990'S (circle one)
Depth of casing: 15 ft. Check ☒ if this is a Monitoring Well Well I D.: SCS-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: [Signature] for Cresticon, Inc. Date Plugged: 7/17/01

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. 40245

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
502 East 9th Street
Des Moines, IA 50319-0034

FIGURE 1
SITE MAP

