Litton

Lehigh-Leopold Buy lington M

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CON. 12-15

Corporate

August 20, 2001

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

16718

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

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

DEPT. OF VATURAL RESOURCES

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10401 Holmes Road Suite 400 Kansas City, Missouri 64131-3406

816 941-7510 FAX 816 941-8025 www.scsengineers.com

ENGINEERS

Lehigh- Leopold

August 17, 2001 File No. 08195009.04

Rea Gallay anager ustries, Inc. dale Avenue olls, NJ 07927-1812

Well Abandonment Report at 2825 Mount Pleasant Street in Burlington, Iowa Ms. Rebecca Gallay Project Manager Litton Industries, Inc. 185 Ridgedale Avenue Cedar Knolls, NJ 07927-1812

Dear Ms. Gallay:

Subject:

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.

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

1. Owner: Cresticon, Inc. wil				
Name: <u>LITTON INDUSTRIES, ING.</u> City:	CEDAR KNOLLS State: NJ			
Address: 185 RIDGEDALE AVE Zip:	07927 Phone: 973 455-0606			
2. Well (Cistern) Location: PWSI	D#:			
NW 1/4 of, NE 1/4 of, NW 1/4 of, Section 36, Twp. 70 N, Range 3 West/East(circle one)				
	ell location on property: SE CORNER OF SITE			
3. Description:	_			
	al: steel, plastic, concrete, clay, brick, stone			
Depth to water: 5 ft.	(circle one)			
Casing diameter: 2 in. Type of constr	uction: drilled, driven, bored, dug, (augered) (circle one)			
Yr. or decade constrd.: <u>6 3 93</u> 1990'S (circle one) Depth of casing: 20 ft. Check if this is a Monitoring Well Well I D.: <u>SCS-5</u>				
Check if Cistern depth: ft. diameter: ft.				
-				
I certify this well has been plugged as required by				
(IAC). I agree to provide any additional information the county or department may need				
concerning this well.	Date Plugged: 7/17/01			
Signature of Owner: Mettyme for Cresticon, Inc. Date Plugged: 7/17/01				
If plugged by certified well contractor, complete this be I have plugged this well as required by rule 1587-8	OR of the Joyce Administrative Code (IAC)			
. // /// //				
Signature of Contractor:	Cert. No. 40245			
OP 16 1 and be well as well as which have				
OR, If plugged by well owner, complete this box:	ring requirements in rule 567-30 8 of the Iowa			
The property owner has plugged this well follow Administrative Code with the oversight and assist	ance 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	1.10			
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			

1. Owner: Cresticon, luc	
Name: <u>LITTON-INDUSTRIES, INC.</u> City:	CEDAR KNOLLS State: NJ
Address: 185 RIDGEDALE AVE Zip:	07927 Phone: 973 455-0606
2. Well (Cistern) Location: PWSI	D#:
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 w	ell location on property: WEST BOUNDARY,
400 SOUTH OF MOUNT	PLEASANT STREET
3. Description:	
Depth to water: 4ft. Casing diameter: 2 in. Type of constr. Yr. or decade constrd.: 7/25/99 1990'S	al: steel, plastic concrete, clay, brick, stone (circle one) ruction: drilled, driven, bored, dug, augered (circle one) is is a Monitoring Well Well I D.:
Check if Cistern depth: ft.	diameter: ft.
If plugged by certified well contractor, complete this by I have plugged this well as required by fall \$61.73	9 of the Iowa Administrative Code (IAC).
Signature of Contractor: /alt-	Cert. No. 40245
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well follow Administrative Code with the oversight and assist	
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: YES	NO (Determined by County Agent)
	The (Bettermine) county i gently
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:
submit within 30 days to the local county agent.	Water Supply Section
	Department of Natural Resources 502 East 9 th Street
	This NA - 2 TA 50210 0024

1. Owner	: Cresticon, luc.				
Name:	LITTON INDUSTRIES, INC.	City:	CEDA	R KNOLLS	State: NJ
Address:	185 RIDGEDALE AVE	Zip:	07927	Phone:	973 455-0606
2. Well (C	Cistern) Location:	PWSII	D#:		
NW 1/4 of	, <u>NE</u> 1/4 of, <u>NW</u> 1/4 of, Section	ı <u>36</u>	, Twp 70) N, Range	e _3 _ West/East(circle one
DE	S MOINES County, Desc	cribe we	ell location	on property:	NE CORNER OF SITE
					
3. Descri	iption:			_	
Well depth		materia	l: steel, (ete, clay, brick, stone
Depth to w		° 4		(circle one)	1
Vr. or deca	meter: $\frac{2 \text{ in.}}{3/16/93}$ Type of ade constrd.: $\frac{3/16/93}{1990}$ 1990'S	constr	uction: d	nnea, anven, (circle one)	bored, dug, (augered)
Depth of ca	asing: 19 ft. Check	if thi	is is a Moni		Well I D.: SCS-2
Check [ft.	diameter:		
-	-				
•	nis well has been plugged as requi	•			
	agree to provide any additiona	ıl info	rmation th	re county or	department may need
concernin	g this well.		- ,.	(pp)	1 7/17/01
	e of Owner: Milettyn f		_	Jate Pl	luggea: //1//01
	by certified well contractor, complet		<i>r</i>		
I have plu	gged this well as required by tyle	587,739	9.8 of the I	owa Adminis	trative Code (IAC).
Signature	e of Contractor:	the		Cert. N	10. 40245 mg
OR κ_{-1}			····		
	ugged by well owner, complete this b				o 567 20 0 of the James
	erty owner has plugged this well rative Code with the oversight and		-		
	_	assist	mice of the		
Signature	e of County Agent:			Date A	Approved:
Eligible fo	r Grants-to-Counties cost share:	YES [NO (D	etermined by C	County Agent)
Complete	one form for each well plugged	l and l			
-	thin 30 days to the local county ag	1	or, only	if no county	agent is available, to:
		,,		pply Section	
				ent of Natura	
			502 East	9 th Street	
		1	Des Mais	TA 50210	0024

Abandoned Water Well Plugging Record

1. Owner: Cresticon, Inc.				
Name: <u>LITTON INDUSTRIES, INC.</u> City:	CEDAR KNOLLS State: NJ			
Address: 185 RIDGEDALE AVE Zip:	07927 Phone: 973 455-0606			
2. Well (Cistern) Location: PWSI	D#:			
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:				
· ——	al: steel, plastic concrete, clay, brick, stone			
Depth to water: 5 ft.	(circle one)			
Casing diameter: 2 in. Type of constructions of the Casing diameter: 2 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of constructions of the Casing diameter: 4 in. Type of the Casing diameter: 4 in. T	ruction: drilled, driven, bored, dug, (augered) (circle one)			
Depth of casing: 20 ft. Check if the	his is a Monitoring Well Well I D.: SCS-4			
Check if Cistern depth: ft.				
<u> </u>				
I certify this well has been plugged as required by				
(IAC). I agree to provide any additional info	ormation the county or department may need			
concerning this well. Signature of Owner: Welttum for	Vestion, lucDate Plugged: 7/17/01			
Signature of Owner: Letty for Creshion, luc Date Plugged: 7/17/01 If plugged by certified well contractor somplete this bpx:				
I have plugged this well as required by rule 36/-39.8 of the Iowa Administrative Code (IAC).				
Signature of Contractor:				
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 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			
•	D - M - i I A 50210 0024			

542-1226

DNR FORM (REV 10/98)

1. Owner: Cresticon, luc.				
Name: <u>LITTON INDUSTRIES, INC.</u> 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: for Crestical, he 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: Cert. No. 40245				
OR, If plugged by well ownek, 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:				
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 9 th Street Des Moines, IA 50319-0034			

FIGURE 1

SITE MAP

