

T R A N S M I T T A L



MWH
MONTGOMERY WATSON HARZA

11153 Aurora Avenue
Des Moines, Iowa 50322-7904

Tel: 515 253 0830
Fax: 515 253 9592

Date: February 23, 2005

To: Bob Drustrup
IDNR
Wallace State Office Building
502 East Ninth Street
Des Moines, IA 50319

From: Kevin Armstrong

RE: Former Eagle Window - Dubuque

The following items are:

- Requested Enclosed Sent Separately Via _____
- Report Specification Cost Estimate Shop Drawings
- Test Result Prints Test Sample Other

No. of Copies	Description
1	Monitoring Well Abandonment letter – February 23, 2005

This data is submitted:

- At Your Request For Your Review For Your Action
- For Your Files For Your Use For Your Information

General Remarks:

Bob,
Attached are the abandonment forms for the former Eagle Window site in Dubuque, Iowa. I think this should close out the site, please call me if you need anything else.
Thanks,
Kevin Armstrong



MWH

February 23, 2005

Mr. Paul A. Buss, Jr.
Dubuque County Health Department
13047 City View Drive
Dubuque, IA 52002

MWH # 1912987.0701

RE: Monitoring Well Abandonment
Former Eagle Window and Door Facility
Dubuque, Iowa

Dear Mr. Buss:

On behalf of Metaldyne Corporation (Metaldyne), MWH coordinated the abandonment of 16 monitoring wells associated with the former Eagle Window and Door (Eagle Window) facility located at the corner of 9th Street East and Washington Street in Dubuque, Iowa. The wells, consisting of all the monitoring wells associated with the Site, were abandoned in accordance with Rule 567—39.8 of the Iowa Administrative Code. Completed plugging records (Iowa Department of Natural Resources [IDNR] Form 542-1226) for each of the monitoring wells are attached for your files.

Metaldyne received a “No Further Action” letter for the Site from the IDNR on January 25, 2005, because the Site has been determined to not pose a significant threat to human health or the environment. Therefore, no additional site work is required.

If you have any questions, or need additional information, please contact Craig Lanken of Metaldyne at (440) 519-7062 or me.

Sincerely,

Kevin G. Armstrong, C.P.G.
Project Manager

/abs:kga:sjr
Attachments

cc: Bob Drustrup – Iowa Department of Natural Resources
Jane Smith – Dubuque Engineering Division
Craig Lanken – Metaldyne

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Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. **Owner:**

Name: <u>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

SE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West East (circle one)
Dubuque County, Describe well location or property: In the basement of the Former
Eagle Window facility located at the corner of East 11th Street and Washington Street

3. **Description:**

Well depth: <u>10.3</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>6.88</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>1994</u>
Depth of Casing: <u>5</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 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: 01/31/05

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. 91076

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 local county agent: Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

SE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West (East circle one)
Dubuque County, Describe well location or property: In the loading dock area on the south side of East 11th Street at the intersection with Washington Street

3. **Description:**

Well depth:	<u>18.3</u>	ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water	<u>12.32</u>	ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter:	<u>2</u>	in	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-2</u>
Yr. Or decade constrd.:	<u>1994</u>		
Depth of Casing:	<u>8.3</u>	ft	

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: 01/31/05

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. 97076

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 local county agent:

or, only if no county agent is available, to:

Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

SE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West (East circle one)
Dubuque County, Describe well location or property: In the center of the sidewalk
adjacent to the Former Eagle Window Facility on East 11th St.; East of the intersection of 11th St. and Washington St.

3. **Description:**

Well depth: <u>17.7</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>12.39</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>1994</u>
Depth of Casing: <u>7.7</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.

Signature of Owner: [Signature] Date Plugged: 01/31/05

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. 47076

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 local county agent: Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

SE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West East (circle one)
 Dubuque County, Describe well location or property: Northeast corner of the intersection
 of East 11th Street and Washington Street

3. **Description:**

Well depth: <u>18.9</u> ft	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>12.92</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	
Yr. Or decade constrd.: <u>1994</u>	
Depth of Casing: <u>8.9</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: 02/01/05

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. 47076

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 local county agent:

or, only if no county agent is available, to:

Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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: Metaldyne City: Solon State: OH
Address: 29125 Hall Street Zip: 44139 Phone: (440) 519-7062

2. Well (Cistern) Location:

SE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West / East (circle one)
Dubuque County, Describe well location or property: In the parking area in the southwest corner of the intersection of East 11th Street and Elm Street

3. Description:

Well depth: 20 ft Casing material: steel plastic, concrete, clay, brick, stone
Depth to water: 13.44 ft (circle one)
Casing diameter: 2 in Type of construction: drilled, driven, bored dug, augered
Yr. Or decade constrd.: 2000 (circle one)
Depth of Casing: 10 ft Check if this is a Monitoring Well. Well I.D.: MW-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] Date Plugged: 01/31/05

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. 47076

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 local county agent:	or, only if no county agent is available, to:
Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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: <u>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. Well (Cistern) Location:

SE ¼ of, NE ¼ of, SE ¼ of, Section 24 , Twp. 89 N, Range 2 West / East (circle one)
 Dubuque _____ County, Describe well location or property: In the parking area in the southwest corner of the intersection of East 11th Street and Elm Street

3. Description:

Well depth: <u>40.1</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>13.43</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>2000</u>
Yr. Or decade constrd.: <u>2000</u>	Depth of Casing: <u>35.1</u> ft
Depth of Casing: <u>35.1</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-6</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: 01/31/05

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. 47076

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 local county agent: Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. Well (Cistern) Location:

SE 1/4 of, NE 1/4 of, SE 1/4 of, Section 24, Twp. 89 N, Range 2 West East (circle one)
 Dubuque County, Describe well location or property: On the north end of the median between the 11th /9th Street connectors

3. Description:

Well depth: <u>19.4</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>14.68</u> ft	Type of construction: drilled, driven <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>2000</u>
Depth of Casing: <u>9.4</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-7</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: 02/01/05

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. 47076

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 local county agent:

Mr. Paul A. Buss, Jr.
 Environmental Health Officer
 Dubuque County Health
 13047 City View Dr.
 Dubuque, Iowa 52002

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: <u>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

SE 1/4 of, NE 1/4 of, SE 1/4 of, Section 24, Twp. 89 N, Range 2 West East (circle one)
 Dubuque County, Describe well location or property: West of the Hwy. 61 overpass of East 11th Street and south of 11th Street in the landscaping across from the off-ramp intersection with East 11th Street

3. **Description:**

Well depth: <u>23.1</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>13.61</u> ft	Type of construction: drilled, drive <u>bored</u> dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>2000</u>
Depth of Casing: <u>13.1</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-8</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: 02/01/05

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. 47076

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 local county agent:

Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

SE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West East (circle one)
Dubuque County, Describe well location or property: In the city ROW east of Elm Street,
immediately south of the intersection of Elm Street and East 12th Street

3. **Description:**

Well depth: <u>20</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>12.53</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>2000</u>
Depth of Casing: <u>10</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-9</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: 02/01/05

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. 47076

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 local county agent:

or, only if no county agent is available, to:

Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

NE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West East (circle one)
Dubuque County, Describe well location or property: Approximately 10 ft from the east edge of the cul-de-sac at the end East 12th Street prior to Hwy 61

3. **Description:**

Well depth: <u>19.5</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>9.37</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>2000</u>
Yr. Or decade constrd.: <u>2000</u>	Depth of Casing: <u>9.5</u> ft
Depth of Casing: <u>9.5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-10</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: 02/01/05

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. 47076

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 local county agent: Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. Well (Cistern) Location:

NE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West (East circle one)
Dubuque County, Describe well location or property: Approximately 10 ft from the east edge of the cul-de-sac at the end East 12th Street prior to Hwy 61

3. Description:

Well depth: <u>39.5</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>11.76</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	
Yr. Or decade constrd.: <u>2000</u>	
Depth of Casing: <u>34.5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-11</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: 02/10/05

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. 47076

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 local county agent:

or, only if no county agent is available, to:

Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

NE ¼ of, NE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West (East circle one)
Dubuque County, Describe well location or property: Approximately 10 ft from the east edge of the cul-de-sac at the end East 12th Street prior to Hwy 61

3. **Description:**

Well depth: <u>68.9</u> ft	Casing material: steel <u>plastic</u> , concrete, clay, brick, stone (circle one)
Depth to water: <u>11.7</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>2004</u>
Yr. Or decade constrd.: <u>2004</u>	Depth of Casing: <u>58.9</u> ft
Depth of Casing: <u>58.9</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-12</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: 02/01/05

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. 47076

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 local county agent: Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. Well (Cistern) Location:

NE ¼ of, SE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West East (circle one)
 Dubuque County, Describe well location or property: Northeast corner of the intersection of East 9th Street and Washington Street

3. Description:

Well depth: <u>19.1</u> ft	Casing material: steel <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>13.07</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>2004</u>
Yr. Or decade constrd.: <u>2004</u>	Depth of Casing: <u>9.1</u> ft
Depth of Casing: <u>9.1</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-13</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: 01/31/05

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>47076</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 cost share: YES NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to local county agent:

Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. Well (Cistern) Location:

NE ¼ of, SE ¼ of, SE ¼ of, Section 24, Twp. 89 N, Range 2 West (East circle one)
 Dubuque County, Describe well location or property: Northeast corner of the intersection of East 9th Street and Washington Street

3. Description:

Well depth: <u>70</u> ft	Casing material: steel (<u>plastic</u>), concrete, clay, brick, stone (circle one)
Depth to water: <u>12.77</u> ft	Type of construction: drilled, driven, (<u>bored</u>) dug, augered (circle one)
Casing diameter: <u>2</u> in	
Yr. Or decade constrd.: <u>2004</u>	
Depth of Casing: <u>60</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-14</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: 01/31/05

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. 47076

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 local county agent:

Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. **Well (Cistern) Location:**

SE ¼ of, NW ¼ of, SW ¼ of, Section 19, Twp. 89 N, Range 3 West (East) (circle one)
Dubuque County, Describe well location or property: In the city ROW on the southeast side of Kerper Blvd. opposite of the City maintenance facility

3. **Description:**

Well depth:	<u>18.9</u>	ft	Casing material: steel <u>(plastic)</u> , concrete, clay, brick, stone (circle one)
Depth to water:	<u>15.20</u>	ft	Type of construction: drilled, driven <u>(bored)</u> dug, augered (circle one)
Casing diameter:	<u>2</u>	in	Yr. Or decade constrd.: <u>2004</u>
Depth of Casing:	<u>8.9</u>	ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-15</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: 02/10/05

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. 47076

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 local county agent:	or, only if no county agent is available, to:
Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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: <u>Metaldyne</u>	City: <u>Solon</u>	State: <u>OH</u>
Address: <u>29125 Hall Street</u>	Zip: <u>44139</u>	Phone: <u>(440) 519-7062</u>

2. Well (Cistern) Location:

SE ¼ of, NW ¼ of, SW ¼ of, Section 19, Twp. 89 N, Range 3 West (East circle one)
Dubuque County, Describe well location or property: In the city ROW on the southeast side of Kerper Blvd. opposite of the City maintenance facility

3. Description:

Well depth: <u>69.5</u> ft	Casing material: steel (<u>plastic</u>), concrete, clay, brick, stone (circle one)
Depth to water: <u>15.52</u> ft	Type of construction: drilled, driven (<u>bored</u>), dug, augered (circle one)
Casing diameter: <u>2</u> in	Yr. Or decade constrd.: <u>2004</u>
Depth of Casing: <u>59.5</u> ft	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well I.D.: <u>MW-16</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: 02/01/05

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. 47076

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 local county agent: Mr. Paul A. Buss, Jr. Environmental Health Officer Dubuque County Health 13047 City View Dr. Dubuque, Iowa 52002	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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T R A N S M I T T A L



MWH
MONTGOMERY WATSON HARZA

11153 Aurora Avenue
Des Moines, Iowa 50322-7904

Tel: 515 253 0830
Fax: 515 253 9592

Date: December 13, 2004

To: Bob Drustrup
IDNR
Wallace State Office Building
502 East Ninth Street
Des Moines, IA 50319

From: Kevin Armstrong

RE: Metaldyne – Former Eagle Window – Dubuque, Iowa

The following items are:

- Requested Enclosed Sent Separately Via _____
- Report Specification Cost Estimate Shop Drawings
- Test Result Prints Test Sample Other

No. of Copies	Description
1	Removal Action Report – December 13, 2004 – Former Eagle Window Facility

This data is submitted:

- At Your Request For Your Review For Your Action
- For Your Files For Your Use For Your Information

General Remarks:

Bob,

Attached is the Removal Action Report for the Former Eagle Window site in Dubuque, Iowa. Please call me if you have any questions.

Thanks,

Kevin Armstrong

DRAFT

December 13, 2004

Mr. Dean Teeples
Corporate EH&S Director
Metaldyne
29125 Hall Street
Solon, OH 44139

Re: No Further Action
Former Eagle Window and Door, Inc. Facility
375 East Ninth Street, Dubuque, Iowa

Dear Mr. Teeples:

As a result of the investigation and cleanup activities that have been completed at the above-referenced site and the March 26, 2002 Letter of Agreement between the Iowa Department of Natural Resources (IDNR) and Metaldyne, the IDNR is issuing this No Further Action letter to document its intention to require no further remedial activities in relation to the contaminants of concern in the project area, as identified in this letter. This No Further Action letter does not restrict the IDNR from requiring additional activities at the site if an additional release occurs or information about site conditions related to the investigated release are discovered which materially change the current understanding of site conditions.

This No Further Action letter generally means that Metaldyne and its predecessor companies have identified and assessed certain contaminants of concern and sufficiently addressed them such that they have been deemed acceptable according to standards adopted by the IDNR.

This No Further Action letter applies to the specific area identified in the attached figure and only applies to certain contaminants of concern that Metaldyne identified based on known or suspected sources of wood preservative contamination. The chemicals of concern related to the site are pentachlorophenol, mineral spirits, and dioxins. The following is a narrative description of the environmental conditions addressed and the regulatory process that has resulted in this No Further Action letter:

- In 1994, an underground storage tank containing wood preservative was removed from the site. During the tank removal, accessible impacted soils were also removed and disposed of off site. In 1994, the initial groundwater

assessment activities were conducted, including the installation of monitoring wells MW-1 through MW-4.

- In 1998, direct-push technology was used to complete soil and groundwater delineation activities. Seven monitoring wells (MW-5 through MW-11) were installed and sampled during these activities. Samples were analyzed for pentachlorophenol (PCP) and mineral spirits. Results of these activities were determined to exceed Action Levels for protected groundwater sources for both contaminants.
- In September 2000, additional soil sampling in the aboveground storage tank (AST) area was conducted for the analysis of PCP and mineral spirits. A receptor survey was also conducted in conjunction with this work to identify utility conduits and water wells within a 1-mile radius of the site.
- Surface soil sampling (0 to 6 inches below ground surface) was conducted in the vicinity of the AST to evaluate the potential presence of dioxin in January 2001. From these samples, dioxin was identified above commercial/industrial standards in the AST area. The 2001 annual groundwater sampling event at the site was also completed during the January 2001 site visit. Groundwater samples from all the wells were analyzed for PCP and total extractable hydrocarbons (TEH); and selected wells were sampled for dioxin.
- In 2001, initial chemical oxidation pilot testing was conducted in the AST area. Results of the initial pilot testing indicated TEH concentrations were reduced; however, reductions in PCP and dioxin were not observed. At the end of 2001, responsibility for the project was transferred from Masco to Metaldyne.
- The AST, pump house, and associated piping were removed and disposed of on July 16 through 18, 2002.
- In 2003, additional chemical oxidation pilot testing was conducted using a modified process. An iron catalyst was injected into the soil prior to the chemical oxidant. After review of the analytical results from the pilot testing, it was determined the chemical oxidation technology was unable to reach treatment objectives, and additional remedial action would be required to facilitate future site closure. The laboratory analytical reports for the investigation and pilot testing activities have been provided in previous submittals to the IDNR.
- In 2004, additional soil and groundwater delineation was conducted. Monitoring wells MW-12 through MW-16 were installed. The lateral and vertical extent of impacted groundwater was fully defined. Soil presenting risks above acceptable risk ranges were excavated and transported for off-site disposal.

This No Further Action letter does not include liability protections relative to contaminants of concern in soil and/or groundwater that would be available through participation in the Iowa Land Recycling Program (567—Chapter 137, Iowa Administrative Code). Interested parties should contact the IDNR to obtain more information on the environmental conditions assessed at this site and any potential environmental concerns not specifically addressed or associated with other areas. This No Further Action letter does not constitute a warranty or a representation of any kind to any person as to the environmental condition, marketability, or value of the above-referenced property.

The source of the wood preservative contamination has been removed from the site; however, residual groundwater and soil contamination remains. Groundwater contamination above Action Levels extends off the site but has reached a stable or declining state. Risk associated with human exposure to residual soil contamination has been reduced to acceptable levels by chemical oxidation pilot testing, excavation, and off-site disposal of impacted soils, and current and historical land use and zoning. Groundwater impacts, although still present above Action Levels, are stable or declining in concentration, and the impacted groundwater is not being used as a drinking water source. The area is served by a municipal water supply. A notification regarding the impacted groundwater plume has been sent to the water well permitting authorities in the area.

If you have any questions regarding this No Further Action letter please contact Bob Drustrup of my staff at 515-281-8900.

Respectfully,

Jeffrey R. Vonk
Director
Iowa Department of Natural Resources

Attachments

**FORMER EAGLE WINDOW AND DOOR FACILITY
DUBUQUE, IOWA**

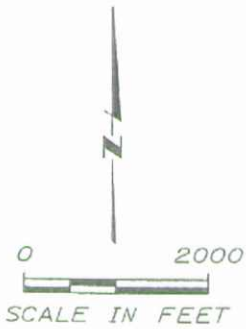
METALDYNE

March 2, 2004 Meeting

- INTRODUCTION
- SITE BACKGROUND
 - Pentachlorophenol/Mineral Sprites carrier wood treatment (dioxin also present in PCP)
 - UST Removal (1994)
 - AST Removal (2002)
 - In-situ chemical oxidation pilot testing
 - Letter of Agreement with IDNR
- PROJECT GOALS AND APPROACH
 - Site Closure by end of 2004
 - Complete groundwater assessment (direct push sampling followed by monitoring well placement)
 - Conduct Remedial Action
 - Soil Removal (0-2 foot interval)
 - Institutional Controls
 - Deed restrictions/Environmental Protection Easement
 - Groundwater use restrictions?
- DISPOSAL ISSUES
 - RCRA Hazardous Waste (F027 and D037)
 - Land Disposal Restrictions
 - No Disposal Options for F027 Waste in U.S.
 - Canadian Options
 - Contained Out Option
- PROPOSED SCHEDULE
 - Quarterly Groundwater Monitoring – Ongoing
 - Complete Groundwater Assessment – June 2004
 - Soil Removal – August 2004
 - Site Closure Report – November 2004
 - Site Closure from IDNR – December 2004




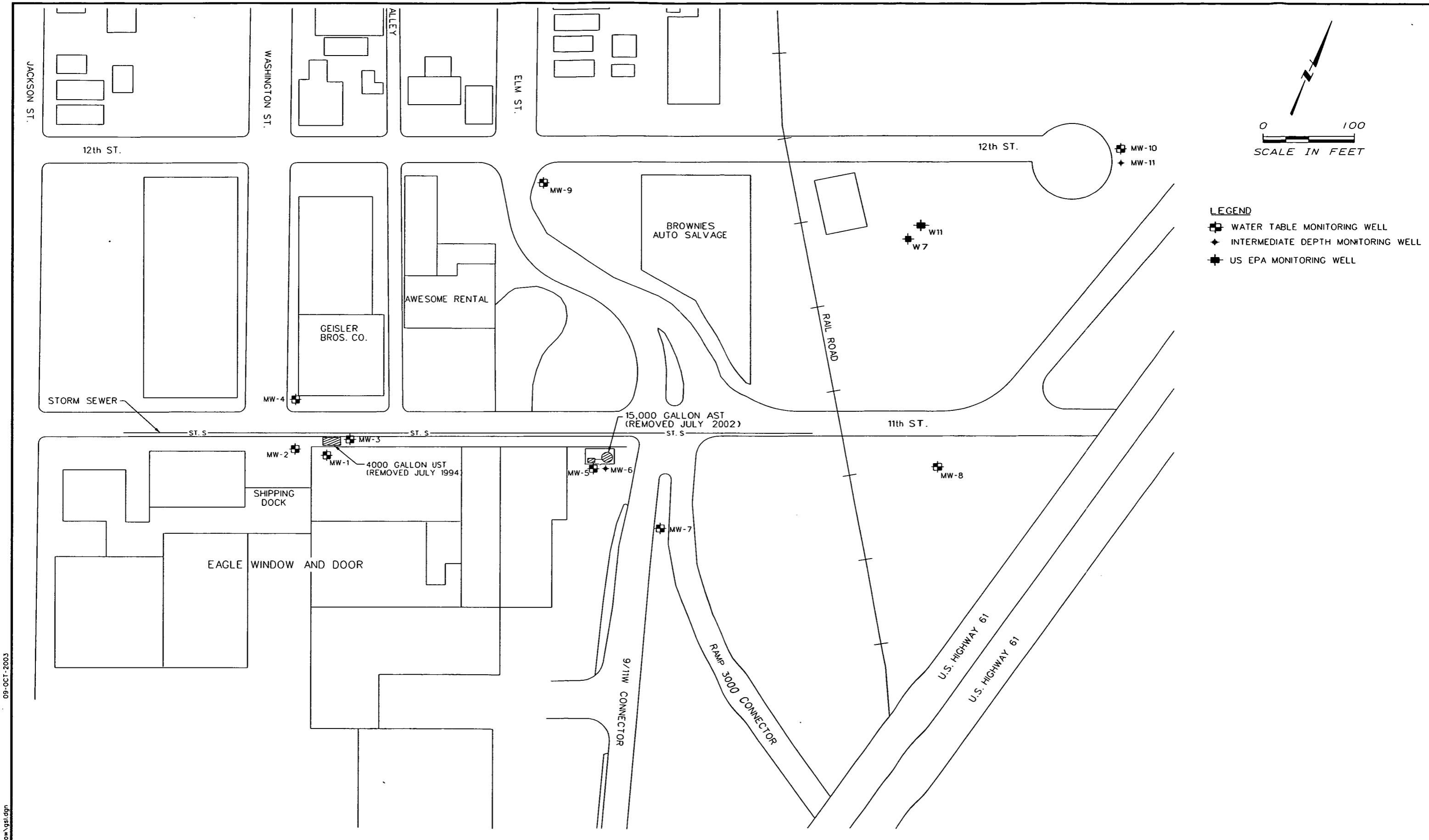
24 CORNER LOCATION



MAP SOURCE:
 USGS TOPOGRAPHIC QUADRANGLES,
 DUBUQUE NORTH, IOWA (1956, REVISED 1972)
 DUBUQUE SOUTH, IOWA (1955, REVISED 1972)

SITE LOCATION:
 E 1/2, SE 1/4, SECTION 24, T89N, R2E
 DUBUQUE COUNTY, IOWA

 <p>MWH MONTGOMERY WATSON HARZA</p> <p>Des Moines Iowa</p>	<p>EAGLE WINDOW AND DOOR, INC. 375 E. 9th STREET DUBUQUE, IOWA</p>	<p>SITE LOCATION MAP</p>	<p>FIGURE 1</p>
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- LEGEND**
- ☒ WATER TABLE MONITORING WELL
 - ◆ INTERMEDIATE DEPTH MONITORING WELL
 - ⊕ US EPA MONITORING WELL

09-OCT-2003 P:\CAD\Eagle Window\gsi.dgn