

April 2, 2012

Mr. Jim McCasland
Polk County
5895 N.E. 14th Street
Des Moines, Iowa 50313

Re: IDNR Abandoned Water Well Plugging Records
Former Ford Facility / COSTEL Property
1700 East Aurora Avenue
Des Moines, Iowa
Terracon Project No. 40007244

Dear Mr. McCasland:

Attached are signed copies of the Iowa Department of Natural Resources (IDNR) Water Well Plugging Records for seven monitoring wells from the East Fence Area at the above-referenced site. The wells were plugged in general accordance with the IDNR regulations.

If you have any questions or comments regarding this letter, please contact us.

Sincerely,
Terracon Consultants, Inc.



David C. Jordan, P.G.
Project Geologist

Copies to:

Addressee (1)
Dan Cook, IDNR, Wallace State Office Building, Des Moines, Iowa 50309 (1)
Mr. David Miller, Ford Motor Company, Environmental Quality Office, Fairlane Plaza North, Suite 800, 290 Town Center Drive, Dearborn, MI 48126 (1)
Mr. Randall Levitt, Common Stock Trust of Ellis Levitt (COSTEL), c/o Nellis Corporation, 6001 Montrose Road, Suite 600, Rockville, MD 20852 (1)

Enclosure.

02969 AM 10:51 04/04/12

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>COSTEL c/o Nellis Corp.</u>	City: <u>Rockville</u>	State: <u>Maryland</u>
Address: <u>6001 Montrose Road, Suite 600</u>	Zip: <u>20852</u>	Phone: <u>301-881-5950</u>

2. Well (Cistern) Location: MW-59

NW 1/4 of, SE 1/4 of, NE 1/4 of, Section 24, Twp 79 N, Range 24 West
Polk _____ County, Describe well location on property: _____
Address: 1700 East Aurora Avenue, Des Moines, Iowa

3. Description:

Well depth: <u>15 ft.</u>	Casing material: <u>2" PVC pipe</u>
Depth to water: <u>10 ft.</u>	
Casing diameter: <u>2 in.</u>	Type of construction: <u>drilled</u>
Yr. or decade constrd.: <u>2000</u>	
Depth of casing: <u>15 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well
	Well ID.: <u>MW-59</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: Randall J. Levitt, President Date Plugged: 10/14/11

Randall J. Levitt, President of Nellis Corporation, the agent for the Common Stock Trust of Ellis I. Levitt (COSTEL)

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>John Ray</u>	Cert. No. <u>2721</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 the local county agent:

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

Polk County, Jim McCasland 5895 N.E. 14 th Street Des Moines, Iowa 50313 (515) 286-3376	Water Supply Section Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>Common Stock Trust/Ellis I. Levitt c/o Nellis Corporation</u>	City: <u>Rockville</u>	State: <u>MD</u>
Address: <u>6001 Montrose Rd, Ste. 600</u> Zip: <u>20852</u> Phone: <u>(301) 881-5950</u>		

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

PWSID Name:	PWSID Number:
	IDNR Well Tag Number:

2. Well (Cistern) Location: MW-67

NE <u>1/4</u> of, SW <u>1/4</u> of, NE <u>1/4</u> of, Section <u>24</u> , Twp. <u>79</u> N, Range <u>24</u> West
Polk County, Describe well location on property: <u>See attached maps</u>

3. Description:

Well depth: <u>17</u> ft.	Casing material: <u>PVC</u>
Depth to water: <u>11.9</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: <u>Unknown</u>
Year or decade constructed: <u>2000</u>	
Depth of casing: <u>NA</u> ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well. Well ID: <u>MW-67</u>
Check <input type="checkbox"/> 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) and agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: By: Randall J. ... Date Plugged: 3-16-12

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>2721</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 the local county agent:

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

Polk County, Jim McCasland 5895 N.E. 14 th Street Des Moines, Iowa 50313 (515) 286-3376	Water Supply Section Iowa Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>Common Stock Trust Ellis I. Levitt c/o Nellis Corporation</u>	City: <u>Rockville</u>	State: <u>MD</u>
Address: <u>6001 Montrose Rd, Ste. 600</u> Zip: <u>20852</u> Phone: <u>(301) 881-5950</u>		

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

PWSID Name:	PWSID Number:
IDNR Well Tag Number:	

2. Well (Cistern) Location: MW-68

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section <u>24</u> , Twp. <u>79</u> N, Range <u>24</u> West	Polk County, Describe well location on property: <u>See attached maps</u>
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3. Description:

Well depth: <u>29 ft.</u>	Casing material: <u>PVC</u>
Depth to water: <u>13.4 ft.</u>	
Casing diameter: <u>2 in.</u>	Type of construction: <u>Unknown</u>
Year or decade constructed: <u>2000</u>	
Depth of casing: <u>NA ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-68</u>
Check <input type="checkbox"/> 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) and I agree to provide any additional information the county or department may need concerning this well.

Common Stock Trust of Ellis I. Levitt
By: Nellis Corporation

Signature of Owner: _____ Date Plugged: 3-16-12

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>Josh Hare</u>	Cert. No. <u>2721</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 the local county agent: _____ or, only if no county agent is available, to:

Polk County, Jim McCasland 5895 N.E. 14 th Street Des Moines, Iowa 50313 (515) 286-3376	Water Supply Section Iowa Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>COSTEL c/o Nellis Corp.</u>	City: <u>Rockville</u>	State: <u>Maryland</u>
Address: <u>6001 Montrose Road, Suite 600</u>	Zip: <u>20852</u>	Phone: <u>301-881-5950</u>

2. Well (Cistern) Location: MW-69

NW 1/4 of, SE 1/4 of, NE 1/4 of, Section 24, Twp 79 N, Range 24 West
 Polk County, Describe well location on property: _____
 Address: 1700 East Aurora Avenue, Des Moines, Iowa

3. Description:

Well depth: <u>34 ft.</u>	Casing material: <u>2" PVC pipe</u>	
Depth to water: <u>14 ft.</u>		
Casing diameter: <u>2 in.</u>	Type of construction: <u>drilled</u>	
Yr. or decade constrd.: <u>2000</u>		
Depth of casing: <u>34 ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well	Well ID: <u>MW-69</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: Randall J. Levitt Date Plugged: 10/12/11
Randall J. Levitt, President of Nellis Corporation, the agent for the Common Stock Trust of Ellis I. Levitt (COSTEL)

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: John Heu Cert. No. 2721

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:

Polk County, Jim McCasland
 5895 N.E. 14th Street
 Des Moines, Iowa 50313
 (515) 286-3376

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

Water Supply Section
 Department of Natural Resources
 401 SW 7th Street, Suite M
 Des Moines, IA 50309-4611

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: COSTEL c/o Nellis Corp. City: Rockville State: Maryland
 Address: 6001 Montrose Road, Suite 600 Zip: 20852 Phone: 301-881-5950

2. Well (Cistern) Location: MW-70

NW 1/4 of, SE 1/4 of, NE 1/4 of, Section 24, Twp 79 N, Range 24 West

Polk _____ County, Describe well location on property: _____

Address: 1700 East Aurora Avenue, Des Moines, Iowa

3. Description:

Well depth: 20 ft. Casing material: 2" PVC pipe
 Depth to water: 16 ft.
 Casing diameter: 2 in. Type of construction: drilled
 Yr. or decade constrd.: 2000
 Depth of casing: 20 ft. Check if this is a Monitoring Well. Well I.D.: MW-70

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: Randall J. Levitt, President Date Plugged: 10/17/11
Randall J. Levitt, President of Nellis Corporation, the agent for the Common Stock Trust of Ellis W. Levitt (COSTEL)

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: Joseph Moore Cert. No. 2721

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:

Polk County, Jim McCasland 5895 N.E. 14 th Street Des Moines, Iowa 50313 (515) 286-3376	Water Supply Section Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>Common Stock Trust Ellis I. Levitt c/o Nellis Corporation</u>	City: <u>Rockville</u>	State: <u>MD</u>
Address: <u>6001 Montrose Rd, Ste. 600</u> Zip: <u>20852</u> Phone: <u>(301) 881-5950</u>		

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

PWSID Name:	
PWSID Number:	IDNR Well Tag Number:

2. Well (Cistern) Location: MW-71

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section <u>24</u> , Twp. <u>79</u> N, Range <u>24</u> West		
Polk	County, Describe well location on property:	See attached maps

3. Description:

Well depth: <u>17 ft.</u>	Casing material: <u>PVC</u>
Depth to water: <u>9.8 ft.</u>	
Casing diameter: <u>2 in.</u>	Type of construction: <u>Unknown</u>
Year or decade constructed: <u>2000</u>	
Depth of casing: <u>NA ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-71</u>
Check <input type="checkbox"/> 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: Common Stock Trust of Ellis I. Levitt
By: Nellis Corporation Agent Date Plugged: 3-16-12

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>2721</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 the local county agent:

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

Polk County, Jim McCasland 5895 N.E. 14 th Street Des Moines, Iowa 50313 (515) 286-3376	Water Supply Section Iowa Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
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Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: <u>Common Stock Trust Ellis I. Levitt c/o Nellis Corporation</u>	City: <u>Rockville</u>	State: <u>MD</u>
Address: <u>6001 Montr6se Rd, Ste. 600</u> Zip: <u>20852</u> Phone: <u>(301) 881-5950</u>		

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

PWSID Name:	
PWSID Number:	IDNR Well Tag Number:

2. Well (Cistern) Location: MW-72

SE 1/4 of, SW 1/4 of, NE 1/4 of, Section <u>24</u> , Twp. <u>79</u> N, Range <u>24</u> West	
<u>Polk</u> County, Describe well location on property:	<u>See attached maps</u>

3. Description:

Well depth: <u>18 ft.</u>	Casing material: <u>PVC</u>
Depth to water: <u>10.1 ft.</u>	
Casing diameter: <u>2 in.</u>	Type of construction: <u>Unknown</u>
Year or decade constructed: <u>2000</u>	
Depth of casing: <u>NA ft.</u>	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>MW-72</u>
Check <input type="checkbox"/> 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.

Common Stock Trust of Ellis I. Levitt
By: Nellis Corporation Agent
 Signature of Owner: By Randall E. [Signature], President Date Plugged: 3-16-12

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>2721</u>

OR, If plugged by well owner, complete this box:

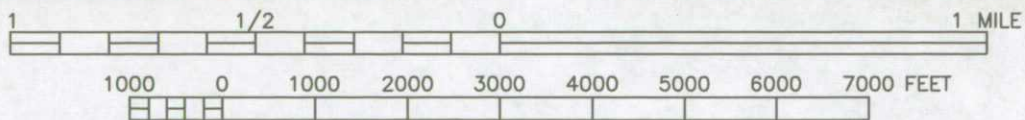
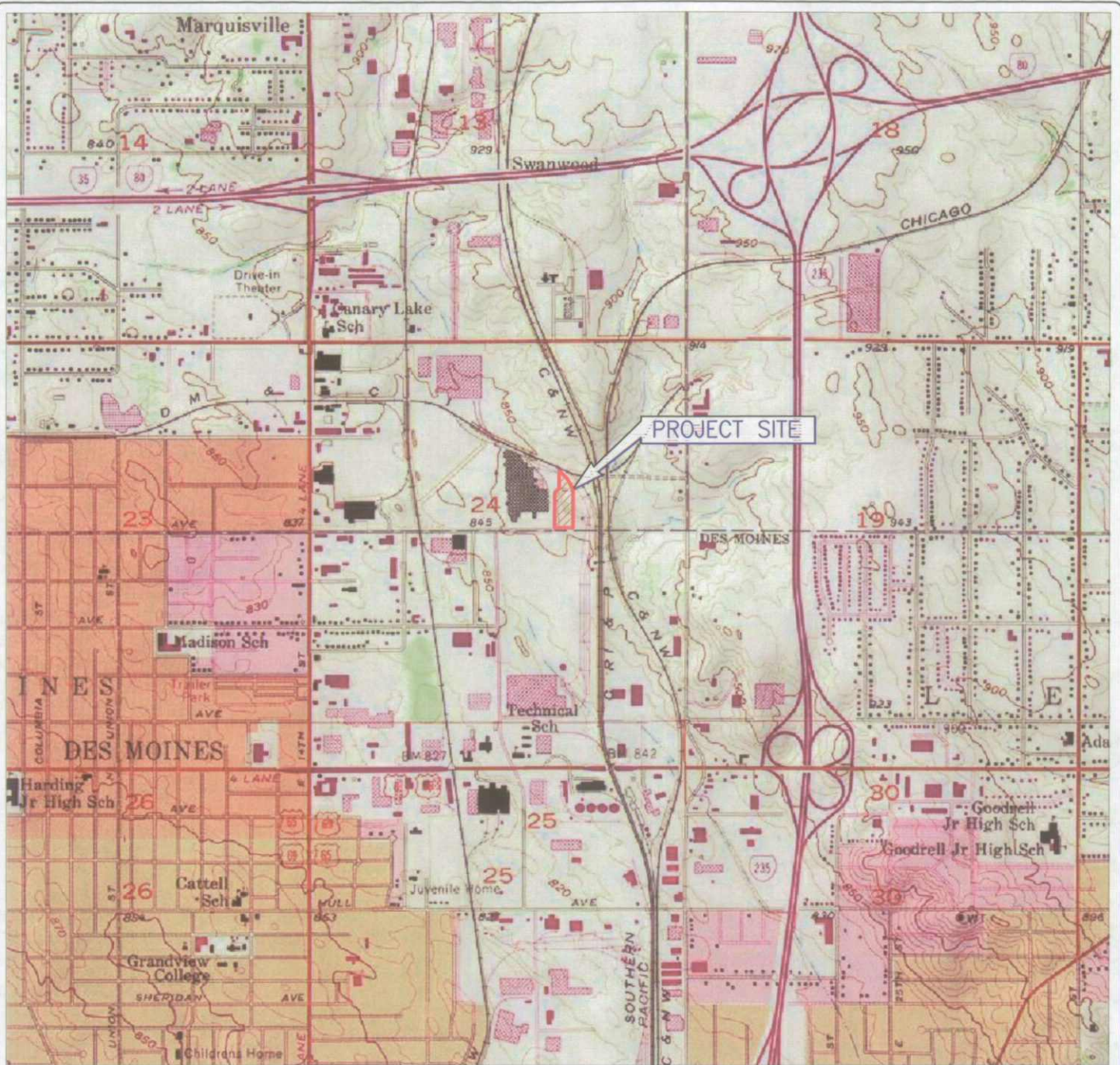
The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.	
Signature of County Agent: _____	Date Approved: _____

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 the local county agent:

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

Polk County, Jim McCasland 5895 N.E. 14 th Street Des Moines, Iowa 50313 (515) 286-3376	Water Supply Section Iowa Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611
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NOTES:
 REPRODUCED FROM THE DES MOINES NE, IA
 USGS 7.5-MINUTE TOPOGRAPHIC MAP DATED
 1976.

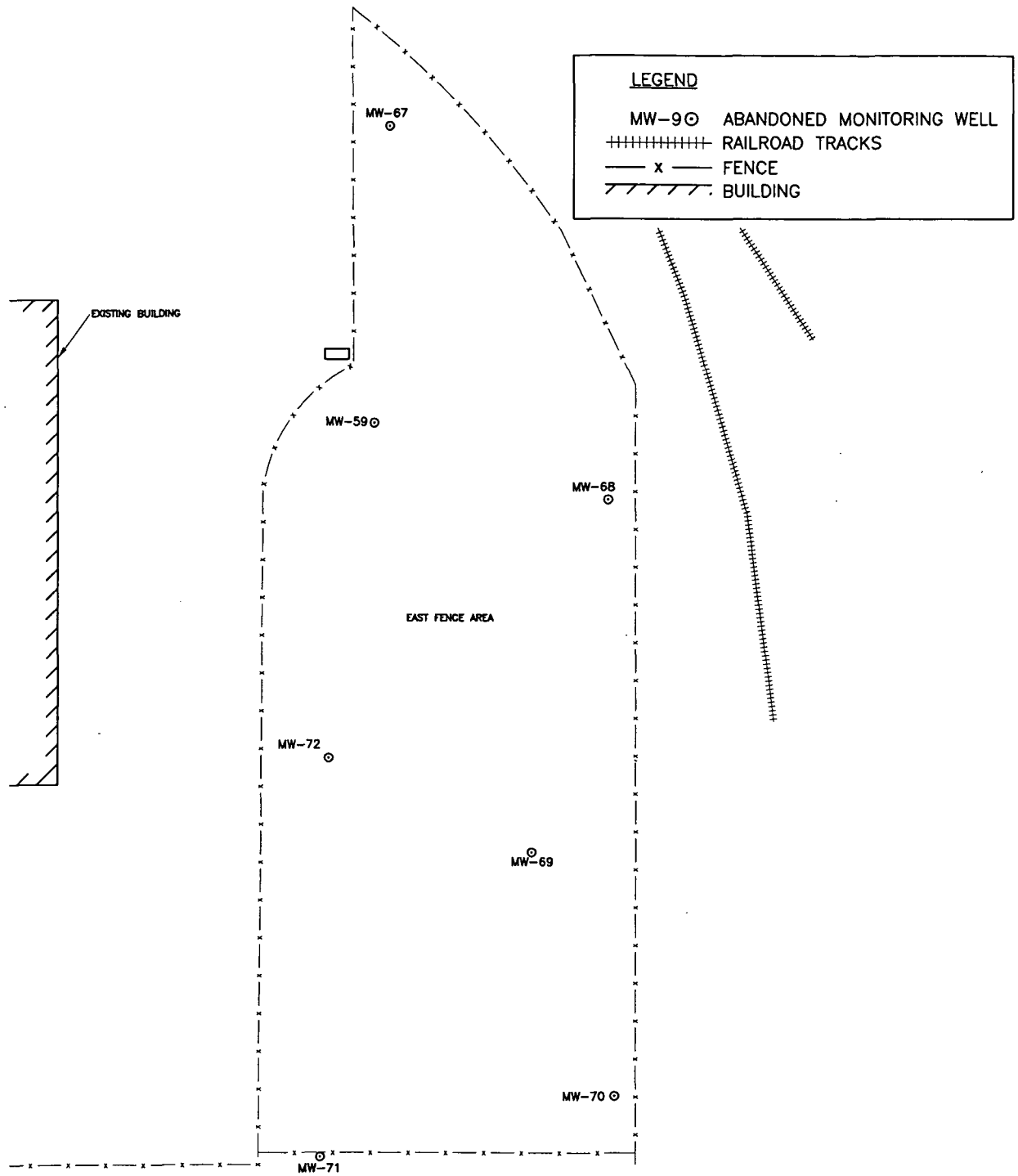


RO PAI 8/24/06

TOPOGRAPHIC/LOCATION MAP
 FORMER FORD FACILITY/COSTEL PROPERTY
 1700 EAST AIRPRA AVENUE
 DES MOINES, IOWA

Project Mngr:	DCJ	Terracon	Project No.	05067136
Designed By:	DCJ		Scale:	AS SHOWN
Drawn By:	PAI		File No.	05067136C01
Checked By:	DCJ		Date:	JUNE 2011
Approved By:	DMS		Figure No.	1

2211 S. 156th Circle
 Omaha, NE 68130



NOTES:
 1) MW-59, MW-69 & MW-70 WERE PLUGGED ON 10-15-11. MW-67, MW-68, MW-71 & MW-72 WERE PLUGGED ON 3-16-12.



Approximate Scale (Feet)
 Scale factor=100



RO PAI 3/19/12

SITE DIAGRAM FORMER FORD FACILITY/COSTEL PROPERTY 1700 EAST AURORA AVENUE DES MOINES, IOWA			
Project Mngr:	DCJ	 15080 A Circle Omaha, NE 68144	Project No.
Designed By:	DCJ		Scale:
Drawn By:	PAI		File No.
Checked By:	DCJ		Date:
Approved By:	DMS		Figure No.
			40007244 AS SHOWN 40007244C10 MARCH 2012 1