

CON 12-15 Doc # 7727

www.deltaenv.com

Solving environment-related business problems worldwide

1717 Park Street • Suite 150 Naperville, Illinois 60563 USA 630.416.9600 800.477.7411 Fax 630.416.0725

February 1, 2005

Robert D. Drustrup, Environmental Engineer Iowa Department of Natural Resources Contaminated Sites Section Wallace State Office Building 502 East 9th Street Des Moines, Iowa 50319

RE: **Monitoring Well Abandonment**

IDNR Spill Number 041702-CWO-1230

Edgewood, Iowa

Dear Mr. Drustrup:

As requested in your letter dated October 27, 2004, please find attached copies of well abandonment forms for monitoring wells MW-1 through MW-3, MW-5 through MW-7, MW-9 through MW-11, MW-14, and MW-15 for the above referenced site. These wells were abandoned on January 20, 2005 in accordance to the IDNR well abandonment rule 567 IAC 39.8. The signed original forms were sent to Mr. Dennis Lyons at the courthouse in Manchester, IA.

If you have any questions regarding the content of this letter or wish to discuss it further, please feel free to contact me at (630) 689-1121.

Sincerely,

DELTA ENVIRONMENTAL CONSULTANTS, INC.

Steve Markesic

Project Hydrogeologist

Derek Hubbartt, Delta Environmental Consultants cc:

Rick Demkovich, Atlantic Richfield (A BP affiliated company)



1. Owner:		
Name: BP PIPELINES N.A. City	: WARRANIUS State: TL	
Name: BP PIPEUNES N.A. City Address: Wioo PORCH PARKWAY Zip:	60555 Phone: (24) 787-5511	
2. Well (Cistern) Location:		
1/4 of,1/4 of,1/4 of, Section	, Twp. 90 N, Range 4 West East (circle one	
Octavaes County, Describe v	well location on property:	
3. Description:		
	ial: steel, plastic, concrete, clay, brick, stone	
Depth to water: 7.6 ft.	(circle one)	
Casing diameter: Z in. Type of const Yr. or decade constrd.: Zog3	ruction: drilled, driven, bored, dug, (augered) (circle one)	
Depth of casing: 17 ft. Check if the	his is a Monitoring Well Well I D.: 15	
Check if Cistern depth: ft.		
I certify this well has been plugged as required by		
(IAC). I agree to provide any additional info		
concerning this well. Signature of Owner: AGENT	FR BP) Date Plugged: 01/10/05	
If plugged by certified well contractor, complete this box:		
I have plugged this well as required by rule 567-3		
Signature of Contractor:	Cert. No. 40682	
Signature of Contractor:Cert. No. 40682		
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	

1. Owner:	
Name: BP PIRELINES, N.A. City	: WARENILLE State: IL
Address: 28100 TORCH PARKWAYZip:	
2. Well (Cistern) Location:	
1/4 of,1/4 of,1/4 of, Section	, Twp. <u>90</u> N, Range <u>4</u> West East(circle one)
OCLAWARE County, Describe v	vell location on property:
3. Description:	
	al: steel, plastic, concrete, clay, brick, stone
Depth to water: 6.0 ft.	(circle one)
Casing diameter: <u>z in.</u> Type of constructions of the type of construction of the type of type of construction of the type of type	ruction: drilled, driven, bored, dug, augered (circle one)
	nis is a Monitoring Well Well I D.: Mw-14
	diameter: ft.
Reminythis well has been plugged as required by	
(IAC) same to provide any additional info	
concessionation wells 1/2/2019	
Signature of Owner:	FOX (42) (3Dates Hinggod 101/20/05
If plugged by certified well contractor, complete this l	
I have plugged this well as required by rule 567-39	
Signature of Contractor: Cert. No. 40682	
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 Granisato-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
DNR FORM (REV 12/95)	542-1226

1. Owner:	
Name: BP PIPEUNES, N.A. City	: WARRENVILLE State: IL
Address: 28100 TORCH PARKUNYZip:	
2. Well (Cistern) Location:	
1/4 of,1/4 of,1/4 of, Section &	, Twp. 90 N, Range 4 West East(circle one)
Orawari County, Describe	well location on property:
3. Description:	
	ial: steel, plastic, concrete, clay, brick, stone
Depth to water: 6.2 ft. Casing diameter: 7 in. Type of cons	(circle one) ruction: drilled, driven, bored, dug, (augered)
Yr. or decade constrd.: 2003	(circle one)
Depth of casing: /5 ft. Check 1 if t	his is a Monitoring Well Well I D.: Mw-[[
Check if Cistern depth: ft.	
Leginity this well has been alwed as required to	wille 567-39 % of the flows Administrators reside
(IAG) Aleagree in provide any another and	
concernments well a dealers and the	
Signature of Owner A Mes. Access	608 (88) Dare i Phigged to 1/20/05
If plugged by certified well contractor, complete this	box:
I have plugged this well as required by rule 567-3	
Signature of Contractor: <u>luoy</u> Cert. No. 4068Z	
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-Countles cost share: DES 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
DAID FORM (DEV 40/05)	Des Moines, IA 50319-0034
DNR FORM (REV 12/95)	542-1226

1. Owner:	
Name: BP PIPELINES, N.A. City	: <u>UARREVVILLE</u> State: <u>IL</u>
Address: 28100 TORCH PARKURY Zip:	60555 Phone: (214) 787-5511
2. Well (Cistern) Location:	
1/4 of,1/4 of,1/4 of, Section	, Twp. 90 N, Range 4 West East(circle one)
OKLAWARE County, Describe	well location on property:
3. Description:	_
	ial: steel plastic, concrete, clay, brick, stone
Depth to water: 6.7 ft.	(circle one)
Casing diameter: 2 in. Type of constructions of the construction o	truction: drilled, driven, bored, dug, augered (circle one)
	his is a Monitoring Well Well I D.: Mw-10
Check if Cistern depth: ft.	
Reentify.this well-has been plugged as required b	v mie 567.398 SEthe Jawa Administrativa Coje
(IA()) is appreciate provide any additional and	
Signature of Owner / A CAGEM	ACC GP Date Elugged O. 1420/65
If plugged by certified well contractor, complete this	box:
I have plugged this well as required by rule 567-3	, , , , , , , , , , , , , , , , , , , ,
Signature of Contractor:	Cert. No. 40682
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: 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
DNR FORM (REV 12/95)	542-1226

1. Owner:	
Name: BP PIRELINES, N.B. City	: WARRENVILLE State: IL
Address: 28100 TORCH PARKUAY Zip:	8 60555 Phone: (219) 787-55//
2. Well (Cistern) Location:	
1/4 of,1/4 of,1/4 of, Section 8	, Twp. 90 N, Range 4 West East(circle one
OCCAMPRE County, Describe	well location on property:
3. Description:	
Well depth: 15 ft. Casing mater	ial: steel, plastic concrete, clay, brick, stone
Depth to water: 4.7 ft.	(circle one)
	truction: drilled, driven, bored, dug, augered
Yr. or decade constrd.: 2003 Depth of casing: 15 ft. Check if t	(circle one) his is a Monitoring Well Well I D.: Mw-9
Check if Cistern depth: ft.	chameter: n.
I certify this well has been plugged as required b	
(LAG)! Lagres to provide any additional int	ormation the county or department may need
concerning this wells.	Em. BB. Date:Phigged 61/20/88
<i>_</i> .	•
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. 46682
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:	
Signature of County Agent	
Eligible for Grants-to-Counties cost share: YES	Tha management and the
Engine forcerang-o-counter goal state. [2,11528]	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
DNR FORM (REV 12/95)	542-1226
 (1 1	V-ra Indu

1. Owner:		
Name: BP PIPELINES N.A. City	: WARRENVILUE	State: IL
Address: 28100 TORCH PARKWAY Zip:		(219) 787-5511
2. Well (Cistern) Location:		
1/4 of,1/4 of,1/4 of, Section 8	_, Twp. <u>42</u> N, Range	4 West East (circle one
DELAWARE County, Describe	well location on property:	
3. Description:		
Well depth: 13 ft. Casing mater	ial: steel, plastic, concret	e, clay, brick, stone
Depth to water: 7.5 ft.	(circle one)	
	ruction: drilled, driven,	bored, dug, augered
Yr. or decade constrd.: 2002 Depth of casing: 13 ft. Check \(\) if t	(circle one) his is a Monitoring Well	Well I D.: Mul-2
Check if Cistern depth: ft.		
•		
Penify, this well has been plugged as required by		
(IAC) Lagree to provide any additional infeconcerning this well.		
Signature of Owner / Acres	GR BA) Date Ph	eged: 101/30/05 c
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:		
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:		
<u></u>		
Eligible for Grantseto-Counties cost share: [] YES	NO (Determined by Cou	nty Agente
Complete one form for each well plugged and		
submit within 30 days to the local county agent:	or, only if no county ag	ent is available, to:
	Water Supply Section	
·	Department of Natural	
·	900 East Grand Avenue	
DNR FORM (REV 12/95)	Des Moines, IA 50319-0	542-1226
(I/LY 1//CV)		U-TL- 1 LLU

1. Owner:	
Name: BP PIPELINES N.A. City	: WARRENVILLE State: IL
Address: 29100 TORCH PARKWAY Zip:	
2. Well (Cistern) Location:	
1/4 of,1/4 of,1/4 of, Section	, Twp. 90 N, Range 4 West East(circle one)
County, Describe	well location on property:
3. Description:	
	ial: steel plastic concrete, clay, brick, stone
Depth to water: Oky ft. Casing diameter: in. Type of const	(circle one) ruction: drilled, driven, bored, dug, augered
Yr. or decade constrd.: 2002	(circle one)
Depth of casing: 43 ft. Check V if t	his is a Monitoring Well Well I D.: MW-6
Check if Cistern depth: ft.	diameter: ft.
if centify this well has been plugged as required b	wille 567-59 8 of the lowa Administrative Code
(IAC). Leagues no provide any additional inf	
concerningatifs well. Signature of Owner: Accor	u Necessaria e a cinca 77
· ·	
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-3	9.8 of the Iowa Administrative Code (IAC).
Signature of Contractor:	Cert. No. 40682
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: 7 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
DNR FORM (REV 12/95)	Des Moines, IA 50319-0034 542-1226

1. Owner:		
Name: 3p PIPELINES, N.A. City	: uarrenne State: IL	
Address: 28100 TORCH PARKURY Zip:	60555 Phone: (2A) 787-5511	
2. Well (Cistern) Location:		
1/4 of,1/4 of,1/4 of, Section	, Twp. 90 N, Range 4 West East(circle one)	
OCAWARS County, Describe	well location on property:	
3. Description:		
	ial: steel, plastic, concrete, clay, brick, stone	
Depth to water: 9, / ft.	(circle one)	
Casing diameter: 2 in. Type of const Yr. or decade constrd.: 2002	ruction: drilled, driven, bored, dug, augered (circle one)	
	his is a Monitoring Well Well I D.:	
Check if Cistern depth: ft.		
kçemley this well has been plugged/as required b	varile-567-5918 of the lowa Administrative Code	
(PA@): Lagree no provide any additional in		
concernity this well 12 2		
Signatime of Owner / 1/2 Acom	FAC SR Date: Plugged Or /20/88	
If plugged by certified well contractor, complete this		
I have plugged this well as required by rule 567-3		
Signature of Contractor: Lecoy Cert. No. 40682		
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:		
	THE SECOND SECON	
Eligible for Grantseto-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	
DNR FORM (REV 12/95)	542-1226	

1. Owner:	
Name: BP PIPELINES, N.A. City	WARRENILE State: IL
Address: 28100 TORCH MRKWAY Zip:	60555 Phone: (219) 7-8-7-5511
2. Well (Cistern) Location:	
1/4 of,1/4 of,1/4 of, Section _&	, Twp. 90 N, Range 4 West East(circle one)
OCLAWARE County, Describe	well location on property:
3. Description:	
,	ial: steel, plastic, concrete, clay, brick, stone
Depth to water: 45 ft.	(circle one)
	truction: drilled, driven, bored, dug augered
Yr. or decade constrd.: 2002 Depth of casing: 15 ft. Check 1 if t	(circle one) his is a Monitoring Well Well I D.: <u>Mw~</u> ユ
Check if Cistern depth: ft.	
ll centify this well has been plugged as required b	
(PAC): Lagge of provide any additional inf	
concerning this well. Signature of θ where for the Aceth	- (m. 61) Date Phigged: 0 (/20/05)
If plugged by certified well contractor, complete this	
I have plugged this well as required by rule 567-3	
Signature of Contractor: Mospeller Cert. No. 40682	
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
į.	900 East Grand Avenue
	Des Moines, IA 50319-0034
DNR FORM (REV 12/95)	542-1226

1. Owner:	
Name: Be CIPELINES NA City	: WARRENVILLE State: IL
Address: 28100 108CH PARKLAY Zip:	60555 Phone: (219) 787-5511
2. Well (Cistern) Location:	
<u>NE</u> 1/4 of, <u>NE</u> 1/4 of,1/4 of, Section <u>8</u>	, Twp. 90N, Range 4 West East (circle one
OELA WARE County, Describe	well location on property:
3. Description:	
	ial: steel, plastic concrete, clay, brick, stone
Depth to water: ORY ft. Casing diameter: Q in. Type of const	(circle one) ruction: drilled, driven, bored, dug, (augered)
Yr. or decade constrd.: 2002	(circle one)
Depth of casing: 33 ft. Check ✓ if t	his is a Monitoring Well Well I D.: Mw-1
Check if Cistern depth: ft.	diameter: ft.
	v rule 567 3918 of the lowa Administrative Code
(IAC) : Lagree (to provide any additional int	
concerningation wells (Accerningations of Owner:	AND DISCUSSION OF THE PARTY OF
• •	·
If plugged by certified well contractor, complete this I have plugged this well as required by rule 567-3	
Signature of Contractor: Mospeller Cert. No. 4068Z	
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well follow	· ·
Administrative Code with the oversight and assistance of the designated county agent.	
Signature of County Agent:Date Approved:	
Eligible for Grants-to-Countries 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
DNR FORM (REV 12/95)	542-1226