

Illinois Environmental Protection Agency

Bureau of Land • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

RCRA FACILITY GROUNDWATER, LEACHATE AND GAS REPORTING FORM

This form must be used as a cover sheet for the notices and reports, identified below as required by: (1) a facility's RCRA interim status closure plan; (2) the RCRA interim status regulations; or (3) a facility's RCRA permit. All reports must be submitted to the Illinois EPA's Bureau of Land Permit Section. This form is for use by Hazardous Waste facilities only. Reporting for Solid Waste facilities should be submitted on a separate form. All reports submitted to the Illinois EPA's Bureau of Land Permit Section as exparate form. All reports submitted to the Illinois EPA's Bureau of Land Permit Section must contain an original, plus a minimum of two copies.

Note: This form is not to be used with permit or closure plan modification requests. The facility's approved permit or closure plan will state whether the document you are submitting is required as a report or a modification request.

Facility Name: Equilon Enterprises LLC d/b/a Shell Oil Products US

Facility Add	dress:	900 South Central	Avenue; Ro	oxana, IL 62084
Site ID #:	11911	50002	Fed ID #:	ILD080012305

Check the appropriate heading. Only one heading may be checked for each corresponding submittal. Check the appropriate sub-heading, where applicable. Attach the original and all copies behind this form.

Groundwater Leachate Quarterly - Enter: 1, 2, 3, or 4 Quarterly - Enter: 1, 2, 3, or 4 Semi-Annual Semi-Annual Annual Annual Biennial Biennial Groundwater Data (without LPC-160 Forms) Biennial Quarterly - Enter: 1, 2, 3, or 4 Annual Well Construction Information Biennial Well Construction Forms, Boring Logs and/or Abandonment Forms Biennial Well Survey Data (e.g., Stick-up Elevation Data) Notice of Statistically Significant Evidence of Groundwater Contamination (35 III. Adm. Code 724.198) Notice of Alternate Source or Error in Sampling Analysis or Evaluation of Groundwater (35 III. Adm. Code 724.199(i)) Gas Monitoring Reports Other (identify) Water Well Sealing Forms for five abandoned groundwater monitoring wells.		LPC-160 Forms
Semi-Annual Semi-Annual Annual Annual Biennial Biennial Groundwater Data (without LPC-160 Forms) Biennial Quarterly - Enter: 1, 2, 3, or 4 Annual Well Construction Information Semi-Annual Well Construction Forms, Boring Logs and/or Abandonment Forms Biennial Well Survey Data (e.g., Stick-up Elevation Data) Notice of Statistically Significant Evidence of Groundwater Contamination Notice of Exceedence of Groundwater Concentration Limit (35 III. Adm. Code 724.199(h)) Notice of Alternate Source or Error in Sampling Analysis or Evaluation of Groundwater (35 III. Adm. Code 724.199(i)) Gas Monitoring Reports Other (identify) Other (identify)		Groundwater Leachate
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✓ Other (identify)		
		Gas Monitoring Reports
Water Well Sealing Forms for five abandoned groundwater monitoring wells.	1	Other (identify)
		Water Well Sealing Forms for five abandoned groundwater monitoring wells.



AECOM 314 429 0100 tel 1001 Highlands Plaza Drive West 314 429 0462 fax Suite 300 St. Louis, MO 63110-1337 www.aecom.com

April 20, 2015

Stephen F. Nightingale, P.E. Manager, Permit Section Bureau of Land Illinois Environmental Protection Agency 1021 North Grand Avenue Springfield, Illinois 62794

Subject: Groundwater Monitoring Well Abandonment Equilon Enterprises LLC d/b/a Shell Oil Products US Roxana, Illinois 1191150002 – Madison County ILD 080 012 305 Log No. B-43R-M-17 & M-19

Dear Mr. Nightingale:

AECOM (formerly URS Corporation), on behalf of Shell Oil Products US (SOPUS), is submitting the enclosed Water Well Sealing Forms as required by the referenced RCRA Hazardous Waste Management Post-Closure Permit (Permit). One groundwater monitoring well was abandoned on January 12, 2015 and four groundwater monitoring wells were abandoned on March 17, 2015. All monitoring well abandonments were performed after their replacement monitoring wells were installed and monitoring data had been obtained and verified, in accordance with Condition IV.D.4. of the Permit. The enclosed Water Well Sealing Forms are being submitted in accordance with Condition IV.D.6. of the Permit.

If you have any questions concerning this report, please contact Kevin Dyer, SOPUS Senior Principal Program Manager at (618) 288-7237 or <u>kevin.dyer@shell.com</u>; or Bob Billman at (314) 743-4108 or <u>bob.billman@aecom.com</u>.

Sincerely,

Wery

Wendy Pennington Project Engineer

Lobat B Billion

Bob Billman Senior Project Manager

Cc: Kevin Dyer, SOPUS Eric Petersen, Phillips 66 Shannon Haney, Greensfelder, Hemker & Gale P.C. Repositories (Roxana Village Hall, website, Roxana Public Library)

Enclosures: Water Well Sealing Forms (monitoring wells P-55, P-57, P-92C, P-93A, P-93C)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH 525 WEST JEFFERSON STREET SPRINGFIELD, ILLINOIS 62761

TYPE OR PRESS FIRMLY

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This form shall be submitted to this Department or the local health department not more than 30 days after a water well, boring or monitoring well is sealed. Such wells are to be sealed not more than 30 days after they are abandoned in accordance with the scaling requirements in the Water Well Construction Code.

Well Location: 900 SOUTH CENTRALAVE ROXANA MADISON Address - Lot Number City County General Description: Township 5N (%)(\$) Range 9W (E)(\$) Section 35 SW Quarter of the SW Quarter of the NW Quarter 1AT: 38° 50' 47.8" Year Drilled APRIL 1989 (Unknown) IAT: 38° 50' 47.8" IONG: 90° 4' 35.4" Drilling Permit Number (and date, if known) (Unknown) (Unknown) IONG: 90° 4' 35.4" Type of Well: Bored Drilled Other (Monitoring Well: P-55) Total Depth 62' Diameter(inches) 2" Formation clear of obstruction X Yes No No DETAILS OF PLUGGING Firom 62' 1 ft. Filled with H.S. Bentonite Grout from 62' 1 ft. Kind of plug from to ft. ft. Kind of plug from ft. Filled with from to ft. ft. Gt. ft.<	Ownership (Name of Controlling Party)EQUILON	ENTERPR	ISES LÉC DB	A SHELL OIL PR	ODUCTS
Address - Lot Number City County General Description: Township 5N (N)(S) Range 9W (E)(W) Section 35 SW Quarter of the SW Quarter of the NW Quarter IAT: 38° 50' 47.8" Vear Drilled APRIL 1989 Drilling Permit Number (and date, if known) (unknown) ILAT: 38° 50' 47.8" Drilling Permit Number (and date, if known) (unknown) (unknown) ILONG: 90° 4' 35.4" Type of Well: Bored Drilled Other (Monitoring Well: P-55) Total Depth 62' Diameter(inches) 2" Formation clear of obstruction X Yes No No DETAILS OF PLUGGENG Filled with H.S. Bentonite Grout from 62' to 1 ft. Filled with H.S. Bentonite Chips from 1 0 ft. Filled with from 1 0 ft. Filled with from to ft. Filled with from to ft. Kind of plug fro	Well Location. 900 SOUTH CENTRAL AVE		ROXANA	MADISC	DN
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Total Depth 62' Diameter (inches) 2" Formation clear of obstruction X Yes No DETAILS OF PLUGGING Filled with H.S. Bentonite Grout from 62' to 1 ft. (cement or other materials) Kind of plug Bentonite Chips from 1 to 0 ft. Filled with from to ft. Kind of plug Bentonite Chips from to ft. Filled with from to ft. Kind of plug from to ft. CASING RECORD: Upper 2 feet of easing removed X Yes No Date well was scaled: Month MAR Day 17 Year 2015 . Licensed water well driller or othen person approved by the Department performing well scaling. O92-0068655 <	Type of Well: Bored Drilled (Other_(Mon	itoring Well: F	P-55)	
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CHARLEY ROBERTS / ROBERTS ENV. DRILLING 092-006865	Date well was scaled: Month MAR. Day	17	Year 2015	,) 	
	Licensed water well driller or other, person approved by	y the Departm	ent performing	well scaling.	
Name Complete License Number			~		
		-			
1107 S. MULBERRY STREET MILLSTADT IL / 62260 Address City State/Zip			LSTADT		60

This State Agency is requesting disclosure of information that is accessary to accomplish the statutory purpose as antimed under Fublic Act 85-6363. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

(REDI JOB# 152035 - AB)

P.O. #PRT3030244 5M 6/98 IL 482-8631

RETURN ALL COPIES TO IDPH OR

LOCAL HEALTH DEPARTMENT

1/98	WATER WEL	L SEALING	FORM	A to the Contesting			
гуре	ILLINOIS DEPARTMI DIVISION OF ENVI 525 WEST JEF SPRINGFIELD OR PRESS FIRMLY	RONMENT	AL HEA FREET				PIES TO IDPH OR DEPARTMENT
t indi	rem shall be submitted to this Department or the local h litoring well is scaled. Such wells are to be scaled not a requirements in the Water Well Construction Code.	calth departi nore thun 30	ment no tlays al	t more t ter they	han 30 da are abanc	ya after a s loneit în ac	vater well, boring cordance with the
	Ownership (Name of Controlling Party) EQUILON	ENTERPR	ISES	LĹĊ DE	BA SHEL	L OIL PR	ODUCTS
<u>)</u> .	Well Location: 900 SOUTH CENTRAL AVE Address - Lot Number		RC Cit	DXANA		MADISC	DN
	General Description: Township 5N (N)(S)	Range	9W	_(E)(W)		Sec	_{ấon} 35
					Quarter	LAT:	38° 50' 33.5"
	Year Drilled APRIL 1989					LONG:	90° 4' 35.0"
	Drilling Permit Number (and date, if known) (ur	ıknown)					
	Type of Well: Bored Drilled O		itorin	g Well:	P-57)		
		(inches)					
	Formation clear of obstruction X Yes					_	
	DETAILS OF PLUGGING						
	Filled with H.S. Bentonite Grout (cement or other materials)	from	65'	to	1	Ê.	
	Kind of plug_Bentonite Chips	from	1	fo	0	ĨĊ.	
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	CASING RECORD: Upper 2 feet of casing removed			N		10-9	
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	Licensed water well driller or other, person approved by		-		••••••		
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	1107 S. MULBERRY STREET	MIL	LSTAD	Г		IL/6226	0
	address	City				ite/Zîp	

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 25-4363. Disclosure of this information is mandatory. This form has been approved by the Forms Monagement Center.

(REDI JOB# 152035 - AB)

P.O. #PRT30302/44 5M 6/98 TL 482-8531

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH 525 WEST JEFFERSON STREET SPRINGFIELD, ILLINOIS 62761

RETURN ALL COPIES TO IDPH OR LOCAL HEALTH DEPARTMENT

TYPE OR PRESS FIRMLY

This form shall be submitted to this Department or the local health department not more than 30 days after a water well, buring or monitoring well is sealed. Such wells are to be sealed not more than 30 days after they are abandoned in accordance with the scaling requirements in the Water Well Construction Code.

1. Ownership (Name of Controlling Party) EQUILON ENTERPRISES LLC DBA SHELL OIL PRODUCTS

2.	Well Location: 900 SOUTH CENTRAL AVE	ROXANA		ADISON	N	
	Address - Lot Number	City	Co	unty		
	General Description: Township 5N (N)(S) Re	ange 9W (E)(W		Section	on35	
	NW Quarter of the SE Quarter of	of the NW	_Quarter	LAT:	38° 50' 37.26"	
3.	Year Drilled MARCH 1991			LONG:	90° 4' 11.38"	
Ц.	Drilling Permit Number (and date, if known) (unknow	vn)				
5.	Type of Well: Bored Drilled Other		P-92C)			
6.	Total Depth96! Diameter(inches					
7.	Formation clear of obstruction X Yes No				5	
8.	DETAILS OF PLUGGING					
	Filled with H.S. Bentonite Grout filled (cement or other materials)	rom 96 to_	ft	t.		
	Kind of plug_Bentonite Chipsfr		0ft			
	Filled withfi	romto	fi			
	Kind of plugfr	omto	ft			
	Filled withfr	omto	ft	-9		
	Kind of plugfr	omto	ft	5		8
9.	CASING RECORD: Upper 2 feet of casing removed	XYes	No			
10.	Date well was sealed: Month JAN. Day 12	2 Year 201	<u>5</u> .			
11.	Licensed water well driller or other, person approved by the D	epartment performing	g well sealin	a.		
	CHARLEY ROBERTS / ROBERTS ENV. DRILLING Name Col	092-006 mplete License Numbe				
	1107 S. MULBERRY STREET	MILLSTADT		IL / 6226	0	

Address

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-6863. Disclosure of this information is mandatory. This form has been approved by the Formas Management Center.

City

(REDI JOB# 142238 - AB)

P.O. #PRT3030244 5M 6/98

State/Zip

TL 482-9631

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH 525 WEST JEFFERSON STREET SPRINGFIELD, ILLINOIS 62761

RETURN ALL COPIES TO IDPH OR LOCAL HEALTH DEPARTMENT

TYPE OR PRESS FIRMLY

This form shall be submitted to this Department or the local health department not more than 30 days after a water well, buring or monitoring well is scaled. Such wells are to be scaled not more than 30 days after they are abandoned in accordance with the scaling requirements in the Water Well Construction Code.

1. Ownership (Name of Controlling Party) EQUILON ENTERPRISES LLC DBA SHELL OIL PRODUCTS

2.	Well Location: 900 SOUTH CENTRAL AVE Address - Lot Number	ROXANA MADISON City County	
	General Description: Township <u>5N</u> (N)(S) Range		
	NW Quarter of the NW Quarter of the	NW Quarter LAT: 38° 50' 32.2"	
3.	Year Drilled MARCH 1991	LONG: 90° 4' 33.5"	
¢.	Drilling Permit Number (and date, if known) (unknown)		
5.	Type of Well: Bored Drilled Other (Mor	nitoring Well: 93 A)	
6.	Total Depth61! Diameter(inches)	<u>2"</u>	
7.	Formation clear of obstruction X YesNo	· · · ·	
8,	DETAILS OF PLUGGING		
	Filled with H.S. Bentonite Grout from from	61' to 1 ft.	
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	Filled withfrom	ft.	
	Kind of plugfromfrom	toft.	
	Filled withfrom	toft.	
	Kind of plugfrom	fi.	
9.	CASING RECORD: Upper 2 feet of casing removed X Y	/csNo	
10.	Date well was sealed: Month MAR. Day 17	Year 2015.	
11.	Licensed water well driller or other person approved by the Departm	ment performing well sealing.	
	CHARLEY ROBERTS / ROBERTS ENV. DRILLING	092-006865	

CHARLET RODERTS / RODERTS ENV. DRILLING	092-000803)
Name	Complete License Number	
1107 S. MULBERRY STREET	MILLSTADT	IL / 62260
Address	City	State/Zip

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-4863. Disclosure of this information is mondatory. This form has been approved by the Forms Manngement Center.

(REDI JOB# 152035 - AB)

P.O. #PRT3030244 5M 6/98

IL 482-0631

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH 525 WEST JEFFERSON STREET SPRINGFIELD, ILLINOIS 62761

RETURN ALL COPIES TO IDPH OR LOCAL HEALTH DEPARTMENT

State/Zip

11.482-9631

P.O. #PRT3030244 5M 6/98

TYPE OR PRESS FIRMLY

This form shall be submitted to this Department or the local health department not more than 30 days after a water well, buring or monitoring well is sealed. Such wells are to be sealed not more than 30 days after they are abandoned in accordance with the scaling requirements in the Water Well Construction Code. Ownership (Name of Controlling Party) EQUILON ENTERPRISES LLC DBA SHELL OIL PRODUCTS 1. Well Location: 900 SOUTH CENTRAL AVE MADISON 2. ROXANA Address - Lot Number County City 35 5N 9W (E)(W) Section Township (N)(S) Range General Description: LAT: 38° 50' 31.4" NW NW NW Quarter of the Oparter Quarter of the LONG: 90° 4' 32.8" MARCH 1991 З. Year Drilled 4. Drilling Permit Number (and date, if known) (unknown) Drilled Other (Monitoring Well: 93 C) 5. Type of Well: Bored 94' 2" 6. **Total Depth** Diameter(inches) X Yes Formation clear of obstruction 7. No DETAILS OF PLUGGING 8. Filled with H.S. Bentonite Grout 94' 1 from ŕt. ŧo (cement or other materials) 0 Kind of plug Bentonite Chips 1 ft. from ťο ft. Filled with from to _____ 65 Kind of plug from to from to ft. Filled with Kind of plug from to 毻, 9. CASING RECORD: Upper 2 feet of casing removed X Ves No 10. Date well was sealed: Month MAR. Day 17 Year 2015 11. Licensed water well driller or other, person approved by the Department performing well sealing. CHARLEY ROBERTS / ROBERTS ENV. DRILLING 092-006865 Name **Complete License Number 1107 S. MULBERRY STREET** MILLSTADT IL / 62260

Address

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Fablic Act 65-6553. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

City

(REDI JOB# 152035 - AB)