

October 12, 2016

Ms. Joyce L. Munie, PE
Manager, Permit Section
Illinois Environmental Protection Agency
Bureau of Land
1021 North Grand Avenue East
Springfield, Illinois 62794

**Subject: Perched Groundwater Monitoring Piezometer Abandonment Certifications
Roxana, Illinois
1191150002 – Madison County
Equilon Enterprises LLC d/b/a Shell Oil Products US
Log No. B-43R-CA-67**

Dear Ms. Munie;

AECOM Technical Services Inc. (AECOM), on behalf of Shell Oil Products US (SOPUS), is submitting the Water Well Sealing Forms for the following four perched groundwater monitoring piezometers located in the Village of Roxana, Illinois, and two located within the Wood River Refinery (WRR). This information satisfies Condition 2 of Illinois Environmental Protection Agency (IEPA) approval letter for perched groundwater monitoring location abandonments, dated July 27, 2016, as well as Condition IV(d)(6) of the IEPA Hazardous Waste Management RCRA Post-Closure Permit, most recently modified July 29, 2015.

- ROST-5-PZ (Village of Roxana)
- ROST-7-PZ (Village of Roxana)
- ROST-10-PZ (Village of Roxana)
- ROST-21-PZ (Village of Roxana)
- P-60-12S (WRR)
- P-60-13S (WRR)

If you have any questions or require further information, please contact Bob Billman at bob.billman@aecom.com or 314-743-4108.

Sincerely,
AECOM, on behalf of Shell Oil Products US



Wendy Pennington, PE
Project Engineer



Robert B. Billman
Senior Project Manager

Attachments: RCRA Facility Groundwater, Leachate and Gas Reporting Form
Figure 1 Perched Groundwater Monitoring Piezometer Locations
Water Well Sealing Forms

cc: Kevin Dyer, SOPUS
Eric Petersen, Phillips 66
Project File
Repositories (Roxana Public Library, Roxana Village Hall, Website)



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 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 dba Shell Oil Products US

Facility Address: 900 South Central Avenue, Roxana, Illinois 62084

Site ID #: 1191150002 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.

LPC-160 Forms

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)

Quarterly - Enter: 1, 2, 3, or 4

Annual

Semi-Annual

Biennial

Well Construction Information

Well Construction Forms, Boring Logs and/or Abandonment Forms

Well Survey Data (e.g., Stick-up Elevation Data)

Notice of Statistically Significant Evidence of Groundwater Contamination
(35 Ill. Adm. Code 724.198)

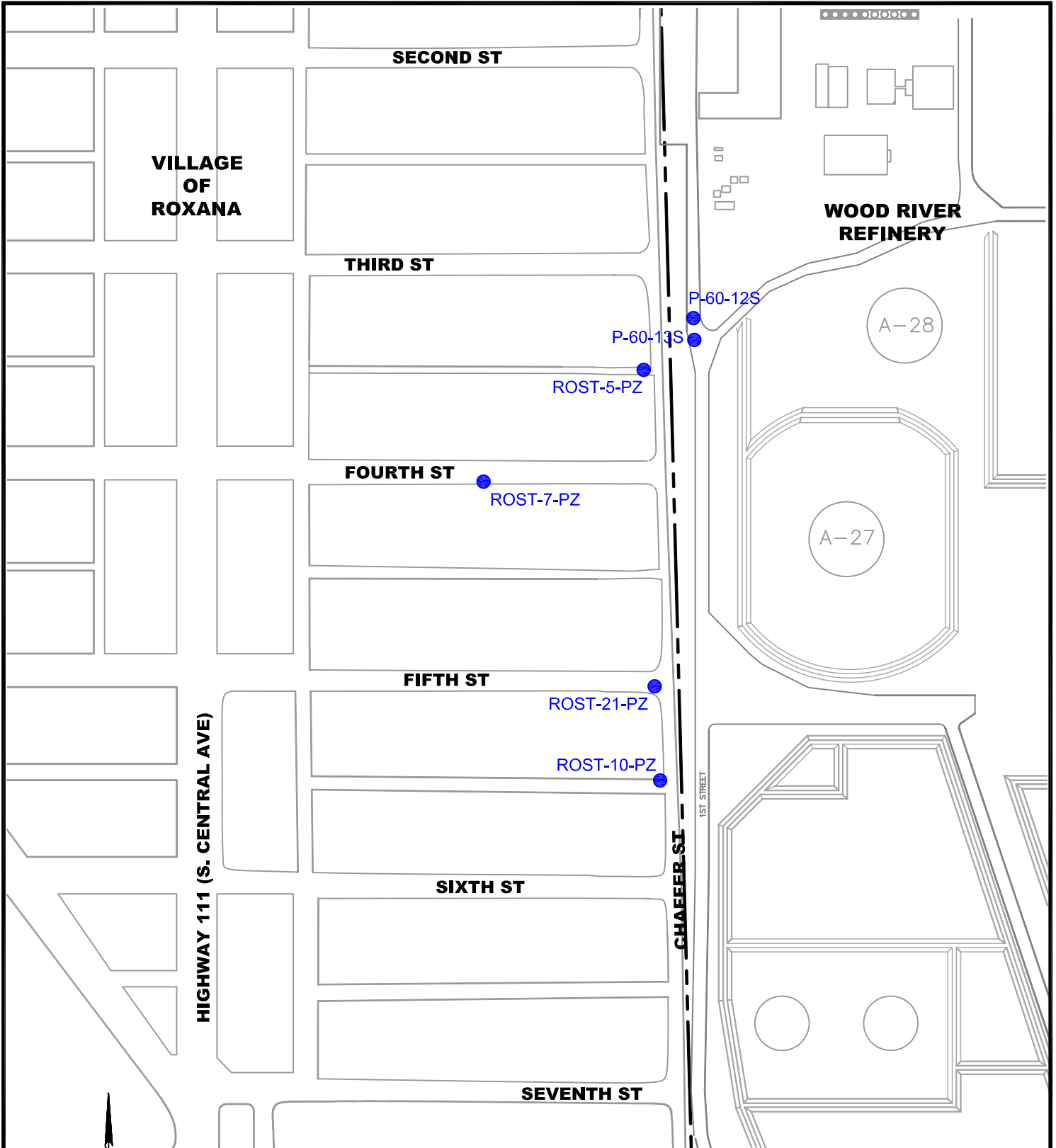
Notice of Exceedence of Groundwater Concentration Limit (35 Ill. Adm. Code 724.199(h))

Notice of Alternate Source or Error in Sampling Analysis or Evaluation of Groundwater
(35 Ill. Adm. Code 724.199(i))

Gas Monitoring Reports

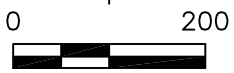
Other (identify)

Water Well Sealing Forms for abandoned perched groundwater monitoring piezometers located in the Village of Roxana (4 located in the Village and 2 located in the Wood River Refinery).



LEGEND

- PERCHED GROUNDWATER MONITORING PIEZOMETER LOCATION



SCALE FEET

SHELL OIL PRODUCTS US INTERIM GROUNDWATER MONITORING PROGRAM ROXANA, ILLINOIS	PROJECT NO. 60477387
-------------------------------------------------------------------------------------	-------------------------



DRN. BY: wmp October 2016 DSGN. BY: djd CHKD. BY: b3	Perched Groundwater Monitoring Piezometer Locations	FIG. NO. 1
------------------------------------------------------------	--------------------------------------------------------	---------------



WATER WELL SEALING FORM

PDF FILLABLE/SAVABLE

RETURN ALL COPIES TO IDPH OR
 LOCAL HEALTH DEPARTMENT

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 sealing requirements in the Illinois Water Well Construction Code. **THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.**

1. Ownership (Name of Controlling Party)

2. Well Location: Well Site Address City Zip

Lot # Land I.D.# County Township

Range Section Quarter of the Quarter of the Quarter

GPS: North Degrees Minutes Seconds West Degrees Minutes Seconds

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.2) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled 4. Drilling Permit Number (and date, if known)

5. Type of Well 6. Total Depth (ft.) Diameter (in.)

7. Formation clear of obstruction

8. Details of Plugging (bentonite, neat cement or other materials)

Filled with From (ft.) to (ft.)

Kind of plug From (ft.) to (ft.)

Filled with From (ft.) to (ft.)

Kind of plug From (ft.) to (ft.)

Filled with From (ft.) to (ft.)

Kind of plug From (ft.) to (ft.)

9. CASING RECORD Upper 2 feet of casing removed 10. Date well was sealed

11. Licensed water well driller or other person approved by the Department performing well sealing

Name Complete License Number

Address City State Zip Code

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631- Revised 5/09

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-5830, TTY (for hearing impaired only) 800-547-0466.



WATER WELL SEALING FORM

PDF FILLABLE/SAVABLE

RETURN ALL COPIES TO IDPH OR
LOCAL HEALTH DEPARTMENT

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 sealing requirements in the Illinois Water Well Construction Code. **THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.**

1. Ownership (Name of Controlling Party)

2. Well Location: Well Site Address City Zip

Lot # Land I.D.# County Township

Range Section Quarter of the Quarter of the Quarter

GPS: North Degrees Minutes Seconds West Degrees Minutes Seconds

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.2) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled 4. Drilling Permit Number (and date, if known)

5. Type of Well 6. Total Depth (ft.) Diameter (in.)

7. Formation clear of obstruction

8. Detains of Plugging (bentonite, neat cement or other materials)

Filled with	<input type="text" value="Neat Cement"/>	From (ft.)	<input type="text" value="30"/>	to (ft.)	<input type="text" value="0.5"/>
Kind of plug	<input type="text" value="Asphalt"/>	From (ft.)	<input type="text" value="0.5"/>	to (ft.)	<input type="text" value="0"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>

9. CASING RECORD Upper 2 feet of casing removed 10. Date well was sealed

11. Licensed water well driller or other person approved by the Department performing well sealing

Name Complete License Number

Address City State Zip Code

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631- Revised 5/09

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-5830, TTY (for hearing impaired only) 800-547-0466.



WATER WELL SEALING FORM

PDF FILLABLE/SAVABLE

RETURN ALL COPIES TO IDPH OR
LOCAL HEALTH DEPARTMENT

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 sealing requirements in the Illinois Water Well Construction Code. THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.

1. Ownership (Name of Controlling Party)

2. Well Location: Well Site Address City Zip

Lot # Land I.D.# County Township

Range Section Quarter of the Quarter of the Quarter

GPS: North Degrees Minutes Seconds West Degrees Minutes Seconds

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.2) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled 4. Drilling Permit Number (and date, if known)

5. Type of Well 6. Total Depth (ft.) Diameter (in.)

7. Formation clear of obstruction

8. Details of Plugging (bentonite, neat cement or other materials)

Filled with	<input type="text" value="Neat Cement"/>	From (ft.)	<input type="text" value="20"/>	to (ft.)	<input type="text" value="0.5"/>
Kind of plug	<input type="text" value="Asphalt"/>	From (ft.)	<input type="text" value="0.5"/>	to (ft.)	<input type="text" value="0"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>

9. CASING RECORD Upper 2 feet of casing removed 10. Date well was sealed

11. Licensed water well driller or other person approved by the Department performing well sealing

Name Complete License Number

Address City State Zip Code

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631- Revised 5/09

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-5830, TTY (for hearing impaired only) 800-547-0466.



WATER WELL SEALING FORM

RETURN ALL COPIES TO IDPH OR
LOCAL HEALTH DEPARTMENT

PDF FILLABLE/SAVABLE

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 sealing requirements in the Illinois Water Well Construction Code. THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.

1. Ownership (Name of Controlling Party)

2. Well Location: Well Site Address City Zip

Lot # Land I.D.# County Township

Range Section Quarter of the Quarter of the Quarter

GPS: North Degrees Minutes Seconds West Degrees Minutes Seconds

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.2) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled 4. Drilling Permit Number (and date, if known)

5. Type of Well 6. Total Depth (ft.) Diameter (in.)

7. Formation clear of obstruction

8. Details of Plugging (bentonite, neat cement or other materials)

Filled with	<input type="text" value="Neat Cement"/>	From (ft.)	<input type="text" value="20"/>	to (ft.)	<input type="text" value="0.5"/>
Kind of plug	<input type="text" value="Asphalt"/>	From (ft.)	<input type="text" value="0.5"/>	to (ft.)	<input type="text" value="0"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>

9. CASING RECORD Upper 2 feet of casing removed 10. Date well was sealed

11. Licensed water well driller or other person approved by the Department performing well sealing

Name Complete License Number

Address City State Zip Code

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631- Revised 5/09

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-5830, TTY (for hearing impaired only) 800-547-0466.



WATER WELL SEALING FORM

PDF FILLABLE/SAVABLE

RETURN ALL COPIES TO IDPH OR
LOCAL HEALTH DEPARTMENT

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 sealing requirements in the Illinois Water Well Construction Code. THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.

1. Ownership (Name of Controlling Party)
2. Well Location: Well Site Address City Zip
- Lot # Land I.D.# County Township
- Range Section Quarter of the Quarter of the Quarter

GPS: North Degrees Minutes Seconds West Degrees Minutes Seconds

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.2) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled 4. Drilling Permit Number (and date, if known)
5. Type of Well 6. Total Depth (ft.) Diameter (in.)
7. Formation clear of obstruction
8. Details of Plugging (bentonite, neat cement or other materials)

Filled with	<input type="text" value="Neat Cement"/>	From (ft.)	<input type="text" value="20"/>	to (ft.)	<input type="text" value="0"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>

9. CASING RECORD Upper 2 feet of casing removed 10. Date well was sealed
11. Licensed water well driller or other person approved by the Department performing well sealing

Name Complete License Number

Address City State Zip Code

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631- Revised 5/09

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-5830, TTY (for hearing impaired only) 800-547-0466.



WATER WELL SEALING FORM

PDF FILLABLE/SAVABLE

RETURN ALL COPIES TO IDPH OR
LOCAL HEALTH DEPARTMENT

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 sealing requirements in the Illinois Water Well Construction Code. THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.

1. Ownership (Name of Controlling Party)

2. Well Location: Well Site Address City Zip

Lot # Land I.D.# County Township

Range Section Quarter of the Quarter of the Quarter

GPS: North Degrees Minutes Seconds West Degrees Minutes Seconds

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.2) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled 4. Drilling Permit Number (and date, if known)

5. Type of Well 6. Total Depth (ft.) Diameter (in.)

7. Formation clear of obstruction

8. Details of Plugging (bentonite, neat cement or other materials)

Filled with From (ft.) to (ft.)

Kind of plug From (ft.) to (ft.)

Filled with From (ft.) to (ft.)

Kind of plug From (ft.) to (ft.)

Filled with From (ft.) to (ft.)

Kind of plug From (ft.) to (ft.)

9. CASING RECORD Upper 2 feet of casing removed 10. Date well was sealed

11. Licensed water well driller or other person approved by the Department performing well sealing

Name Complete License Number

Address City State Zip Code

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631- Revised 5/09

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-5830, TTY (for hearing impaired only) 800-547-0466.