



Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: _____
Facility Name & No: _____

Page 2

REMEDIAL WORKPLAN (Cont.)

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

Not applicable

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Is further site investigation required? ☐ Y ☒ N If yes, describe:

Re-sampled soil on May 21, 2012 and results indicated SAR values were below COGCC Table 910 standards. Vegetation within the drainage was observed to be comparable to adjacent areas.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not Applicable

IMPLEMENTATION SCHEDULE

| | | |
|---|---|---|
| Date Site Investigation Began: 11/28/2011 | Date Site Investigation Completed: 11/29/2011 | Date Remediation Plan Submitted: 01/18/12 |
| Remediation Start Date: Not applicable | Anticipated Completion Date: August, 2012 | Actual Completion Date: June 13, 2012 |

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Scott Rose

Signed: Scott Rose

Title: Air Quality Specialist

Date: 7-13-12

OGCC Approved: _____ Title: _____ Date: _____