

State of Colorado
Oil and Gas Conservation Commission

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Report taken by:
KRIS NEIDEL

Site Investigation and Remediation Workplan (Supplemental Form)

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. However, this shall not preclude the Operator from taking immediate action to protect public health or safety, the environment, wildlife, or livestock.

This Form 27 describes site conditions as currently understood by the Operator; approval of this Form 27 by COGCC is based on the site conditions accurately described herein; any changes in site conditions identified during or subsequent to the performance of the approved workplan may necessitate additional investigation or remediation which shall be described on a supplemental Form 27.

This Form 27 is intended to provide basic information regarding the proposed site investigation and remediation actions, but the workplan may be more fully described in attached documentation.

Refer to Rules 340, 905, 906, 907, 908, 909, and 910

OPERATOR INFORMATON

Name of Operator: <u>WEXPRO COMPANY</u>	Operator No: <u>95960</u>	Phone Numbers
Address: <u>P O BOX 45003</u>		Phone: <u>(307) 352-7561</u>
City: <u>SALT LAKE CITY</u>	State: <u>UT</u>	Zip: <u>84145-0601</u>
Contact Person: <u>April Stegall</u>	Email: <u>april.stegall@dominionenergy.com</u>	Mobile: <u>(307) 371-3610</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION
Remediation Project #: 10144 Initial Form 27 Document #: 401247603

PURPOSE INFORMATION

<input type="checkbox"/> 901.e. Sensitive Area Determination	<input type="checkbox"/> 909.c.(5), Rule 910.b.(4): Remediation of impacted ground water
<input checked="" type="checkbox"/> 909.c.(1), Rule 905: Pit or PW vessel closure	<input type="checkbox"/> Rule 909.e.(2)A.: Notice completion of remediation in accordance with Rule 909.b.
<input type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation	<input checked="" type="checkbox"/> Rule 909.e.(2)B.: Closure of remediation project
<input type="checkbox"/> 909.c.(3), Rule 907.e.: Land treatment of oily waste	<input type="checkbox"/> Rule 906.c.: Director request
<input type="checkbox"/> 909.c.(4), Rule 908.g.: Centralized E&P Waste Management Facility closure	<input type="checkbox"/> Other _____

SITE INFORMATION N Multiple Facilites (in accordance with Rule 909.c.)

Facility Type: <u>PIT</u>	Facility ID: <u>116578</u>	API #: _____	County Name: <u>MOFFAT</u>
Facility Name: <u>CENTRAL DISPOSAL FACILITY</u>	Latitude: <u>40.962059</u>	Longitude: <u>-108.303847</u>	
	** correct Lat/Long if needed: Latitude: <u>40.961522</u>	Longitude: <u>-108.305978</u>	
QtrQtr: <u>NWNW</u>	Sec: <u>33</u>	Twp: <u>12N</u>	Range: <u>97W</u>
	Meridian: <u>6</u>	Sensitive Area? <u>No</u>	

SITE CONDITIONS

General soil type - USCS Classifications CH Most Sensitive Adjacent Land Use Rangeland, Non-cropland, Oil and Gas

Is domestic water well within 1/4 mile? No Is surface water within 1/4 mile? Yes

Is groundwater less than 20 feet below ground surface? No

Other Potential Receptors within 1/4 mile

505' from surface water, 4921' from nearest water well.

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> E&P Waste | <input checked="" type="checkbox"/> Other E&P Waste | <input type="checkbox"/> Non-E&P Waste |
| <input checked="" type="checkbox"/> Produced Water | <input type="checkbox"/> Workover Fluids | _____ |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Tank Bottoms | |
| <input type="checkbox"/> Condensate | <input type="checkbox"/> Pigging Waste | |
| <input type="checkbox"/> Drilling Fluids | <input type="checkbox"/> Rig Wash | |
| <input type="checkbox"/> Drill Cuttings | <input type="checkbox"/> Spent Filters | |
| | <input checked="" type="checkbox"/> Pit Bottoms | |
| | <input type="checkbox"/> Other (as described by EPA) | _____ |

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
No	GROUNDWATER	None	Visual inspection
No	SOILS	Minimal	Soil analysis
No	SURFACE WATER	None	Visual inspection

INITIAL ACTION SUMMARY

Description of initial action or emergency response measures take to abate, investigate, and/or remediate impacts associated with E&P Waste.

COGCC was given 72 hour notice prior to sampling. Pit had not been previously tested, or no previous samples have been found in records. Offsite samples were not obtained, see attachments showing previously tested naturally occurring high arsenic levels in the area.

PROPOSED SAMPLING PLAN

Proposed Soil Sampling

Will soil samples be collected as part of this investigation? (Number, type (grab/composite), analyses, and locations of samples):

6 samples were obtained in the Fall of 2018, per previously approved Form 27. All samples were tested for PAH, BTEX, GRO, DRO, Metals and Inorganics, as indicated on attached COC. Please see attachments for samples GPS locations. All samples met Table 910-1 requirements.

Proposed Groundwater Sampling

Will groundwater samples be collected as part of this investigation? (Number, analyses, and locations of samples):

A visual inspection was performed looking for signs of stained soil and potential leeching of pit components that may have impacted surface or groundwater, none were found. No groundwater was encountered during sampling.

Proposed Surface Water Sampling

Will surface water samples be collected as part of this investigation? (Number, analyses, and locations of samples):

A visual inspection was performed looking for signs of stained soil and potential leeching of pit components that may have impacted surface or groundwater, none were found.

Additional Investigative Actions

Additional alternative investigative actions described in attached Site Investigation Plan (summary):

NA, not necessary.

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 6

Number of soil samples exceeding 910-1 0

Was the areal and vertical extent of soil contamination delineated? Yes

Approximate areal extent (square feet) 608

NA / ND

-- Highest concentration of TPH (mg/kg) 450

-- Highest concentration of SAR 6.83

BTEX > 910-1 No

Vertical Extent > 910-1 (in feet) 2

Groundwater

Number of groundwater samples collected 0

Was extent of groundwater contaminated delineated? No

Depth to groundwater (below ground surface, in feet)

Number of groundwater monitoring wells installed

Number of groundwater samples exceeding 910-1

 Highest concentration of Benzene (µg/l)

 Highest concentration of Toluene (µg/l)

 Highest concentration of Ethylbenzene (µg/l)

 Highest concentration of Xylene (µg/l)

 Highest concentration of Methane (mg/l)

Surface Water

0 Number of surface water samples collected

 Number of surface water samples exceeding 910-1

If surface water is impacted, other agency notification may be required.

OTHER INVESTIGATION INFORMATION

Were impacts to adjacent property or offsite impacts identified?

Were background samples collected as part of this site investigation?

Was investigation derived waste (IDW) generated as part of this investigation?

Volume of solid waste (cubic yards)

Volume of liquid waste (barrels)

Is further site investigation required?

REMEDIAL ACTION PLAN

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? No _____

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

NA, not necessary.

REMEDICATION SUMMARY

Describe how remediation of existing impacts to soil and groundwater is to be accomplished (i.e. summarize remedial action plan). Provide a brief narrative description including: technical justification, schedule for implementation, estimated time to attain NFA status, plus plans and specifications for the selected remedial action technology.

NA, not necessary.

Soil Remediation Summary

In Situ

- _____ Bioremediation (or enhanced bioremediation)
- _____ Chemical oxidation
- _____ Air sparge / Soil vapor extraction
- _____ Natural Attenuation
- _____ Other _____

Ex Situ

- _____ Excavate and offsite disposal
- _____ If Yes: Estimated Volume (Cubic Yards) _____
- _____ Name of Licensed Disposal Facility or COGCC Facility ID # _____
- _____ Excavate and onsite remediation
- _____ Land Treatment
- _____ Bioremediation (or enhanced bioremediation)
- _____ Chemical oxidation
- _____ Other _____

Groundwater Remediation Summary

- _____ Bioremediation (or enhanced bioremediation)
- _____ Chemical oxidation
- _____ Air sparge / Soil vapor extraction
- _____ Natural Attenuation
- _____ Other _____

GROUNDWATER MONITORING

If groundwater has been impacted, describe proposed monitoring plan, including # of wells or sample points, monitoring schedule, analytical methods, points of compliance. Attach a groundwater monitoring location diagram.

NA, not necessary.

REMEDIATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: Quarterly Semi-Annually Annually Other _____

Report Type: Groundwater Monitoring Land Treatment Progress Report O&M Report
 Other _____

WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? _____

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

Volume of E&P Waste (solid) in cubic yards _____

E&P waste (solid) description _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

Volume of E&P Waste (liquid) in barrels _____

E&P waste (liquid) description _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? No _____

Do all soils meet Table 910-1 standards? Yes _____

Does the previous reply indicate consideration of background concentrations? No _____

Are the only residual soil impacts pH, SAR, or EC at depths greater than 3 feet below ground surface? _____

Does Groundwater meet Table 910-1 standards? Yes _____

Is additional groundwater monitoring to be conducted? No _____

RECLAMATION PLAN

RECLAMATION PLANNING

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.

Pit will be backfilled to grade and seeded with a seed mix approved by the Surface Owner.

Is the described reclamation complete? No _____

Does the reclamation described herein constitute interim or final reclamation of the Oil and Gas Location?

Interim? Final?

Did the Surface Owner approve the seed mix? Yes _____

If NO, does the seed mix comply with local soil conservation district recommendations? Yes _____

IMPLEMENTATION SCHEDULE

PRIOR DATES

Date of Surface Owner notification/consultation, if required. _____

Actual Spill or Release date, if known. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). _____

Date of commencement of Site Investigation. 03/30/2017

Date of completion of Site Investigation. 10/25/2018

REMEDIAL ACTION DATES

Date of commencement of Remediation. _____

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

Wexpro Company requests closure and NFA of Facility 116578 and Remediation Project #10144 based on the attached site investigation and analytical results.

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

Signed: April Stegall _____

Title: Reclamation Agent _____

Submit Date: 01/10/2019 _____

Email: april.stegall@dominionenergy.com _____

Based on the information provided herein, this Application for Site Investigation and Remediation Workplan complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: KRIS NEIDEL _____

Date: 02/08/2019 _____

Remediation Project Number: 10144 _____

COA Type**Description**

	Further delineation is required. It was stated that the pit was sampled to 2.5 feet with TPH in the 450mg/kg range. Samples should be collected and analyzed to demonstrate that the vertical extent has been delineated.
	Closure request is denied at this time. COGCC staff removed the request for closure in this form 27 to allow for approval.

Attachment Check List

Upon approval, the approved Form 27 and all listed attachments will be indexed to the Remediation Project file. Only the approved Form 27 will also be indexed to the related Facilities.

Att Doc Num**Name**

401900237	FORM 27-SUPPLEMENTAL-SUBMITTED
401900258	SOIL SAMPLE LOCATION MAP
401900267	SITE INVESTIGATION REPORT
401900270	ANALYTICAL RESULTS
401900280	MAP

Total Attach: 5 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)