

State of Colorado  
Oil and Gas Conservation Commission

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402357063  
Receive Date:  
03/31/2020

Report taken by:  
PETER GINTAUTAS

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 INFORMATION

Name of Operator: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>	<b>Phone Numbers</b>
Address: <u>1675 BROADWAY, STE 2800</u>		
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Max Knop</u>	Email: <u>mknop@kpk.com</u>	Phone: <u>(303) 825-4822</u>
		Mobile: <u>(720) 317-8161</u>

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**  
Remediation Project #: 13908 Initial Form 27 Document #: 402126714

**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 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 checked="" type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation	<input 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 Facilities ( in accordance with Rule 909.c. )

Facility Type: <u>SPILL OR RELEASE</u>	Facility ID: <u>464277</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>Parker #44-15</u>	Latitude: <u>40.132730</u>	Longitude: <u>-104.869960</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SESE</u>	Sec: <u>15</u>	Twp: <u>2N</u>	Range: <u>67W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

**SITE CONDITIONS**

General soil type - USCS Classifications SM Most Sensitive Adjacent Land Use Confined feeding operations

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

Is groundwater less than 20 feet below ground surface? No

**Other Potential Receptors within 1/4 mile**

None

# SITE INVESTIGATION PLAN

## TYPE OF WASTE:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> E&P Waste      | <input 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 checked="" 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 type="checkbox"/> Pit Bottoms                 |  |
|  | <input type="checkbox"/> Other (as described by EPA) | _____                                  |

## DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
Yes	SOILS	20' x 15' x 10'	Current excavation limits

## INITIAL ACTION SUMMARY

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

Leaking hydrocarbon storage tank has been disconnected and removed from service.

## 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 ):

Soil screening using PID will be performed to establish horizontal and vertical extent of the historical contamination. Following clean field screening results from ambient temperature head space measurements within the excavation area, grab samples will be collected to verify the completion of excavation activities. Analysis for grab samples included TPH -DRO, GRO & ORO, BTEX, pH, EC, and SAR. Number of grab samples will be dependent on the size of the excavation.

### Proposed Groundwater Sampling

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

### Proposed Surface Water Sampling

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

## Additional Investigative Actions

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

# SITE INVESTIGATION REPORT

## SAMPLE SUMMARY

### Soil

Number of soil samples collected 0  
Number of soil samples exceeding 910-1 \_\_\_\_\_  
Was the areal and vertical extent of soil contamination delineated? \_\_\_\_\_  
Approximate areal extent (square feet) \_\_\_\_\_

### NA / ND

-- Highest concentration of TPH (mg/kg) \_\_\_\_\_  
-- Highest concentration of SAR \_\_\_\_\_  
BTEX > 910-1 \_\_\_\_\_  
Vertical Extent > 910-1 (in feet) \_\_\_\_\_

### 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?

Limits of soil contamination, both horizontal and vertical, have not been established. Excavation will continue until limits are defined.

# 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.

All contaminated soil is being removed from the excavation area and disposed of at a certified disposal facility.

## REMEDIATION 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.

Contaminated soil will be excavated removed from site. Final vertical and horizontal extent of excavation area will be based on results from collected grab soil samples. Excavation area will be backfilled with clean fill dirt.

As of 12/18/2019, horizontal limits of excavation extend to 36' x 27', with vertical depths ranging from 4' to 10'. Excavated material is currently being stockpiled on location until dump trucks are available to bring to Front Range Landfill. There has not been any samples collected or field screening performed to-date as presences of hydrocarbon odor still exists within the excavation area.

## Soil Remediation Summary

In Situ

Ex Situ

\_\_\_\_\_ Bioremediation ( or enhanced bioremediation )

Yes \_\_\_\_\_ Excavate and offsite disposal

\_\_\_\_\_ Chemical oxidation

\_\_\_\_\_ If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_ 111

\_\_\_\_\_ Air sparge / Soil vapor extraction

\_\_\_\_\_ Name of Licensed Disposal Facility or COGCC Facility ID # \_\_\_\_\_

\_\_\_\_\_ Natural Attenuation

No \_\_\_\_\_ Excavate and onsite remediation

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 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.

# REMEDIATION PROGRESS UPDATE

## PERIODIC REPORTING

Frequency:  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

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

Other Quarterly Remediation Progress Report - COA \_\_\_\_\_

## WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? Yes \_\_\_\_\_

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

None

Volume of E&P Waste (solid) in cubic yards \_\_\_\_\_ 0

E&P waste (solid) description Hydrocarbon contaminated soil \_\_\_\_\_

COGCC Disposal Facility ID #, if applicable: \_\_\_\_\_

Non-COGCC Disposal Facility: Front Range Landfill \_\_\_\_\_

Volume of E&P Waste (liquid) in barrels \_\_\_\_\_ 0

E&P waste (liquid) description None \_\_\_\_\_

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? \_\_\_\_\_

Does the previous reply indicate consideration of background concentrations? \_\_\_\_\_

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? \_\_\_\_\_

Is additional groundwater monitoring to be conducted? \_\_\_\_\_

## 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.

Remediation area is at an active oil & gas location. Excavation area will be backfilled, recontoured, and reconstructed for facility operations.

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? No \_\_\_\_\_

If NO, does the seed mix comply with local soil conservation district recommendations? No \_\_\_\_\_

# IMPLEMENTATION SCHEDULE

## **PRIOR DATES**

Date of Surface Owner notification/consultation, if required. 05/03/2019

Actual Spill or Release date, if known. \_\_\_\_\_

## **SITE INVESTIGATION DATES**

Date of Initial Actions described in Site Investigation Plan (start date). 05/03/2019

Date of commencement of Site Investigation. 05/03/2019

Date of completion of Site Investigation. \_\_\_\_\_

## **REMEDIAL ACTION DATES**

Date of commencement of Remediation. 06/10/2019

Date of completion of Remediation. \_\_\_\_\_

## **SITE RECLAMATION DATES**

Date of commencement of Reclamation. \_\_\_\_\_

Date of completion of Reclamation. \_\_\_\_\_

**OPERATOR COMMENT**

Work has not recommenced on REM No. 13908 since previous quarterly update report due to the allocation of resources towards other remediation projects.

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

Signed: Max Knop \_\_\_\_\_

Title: Gen Mangr of Air Quality \_\_\_\_\_

Submit Date: 03/31/2020 \_\_\_\_\_

Email: mknop@kpk.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: PETER GINTAUTAS \_\_\_\_\_

Date: 03/31/2020 \_\_\_\_\_

Remediation Project Number: 13908 \_\_\_\_\_

**COA Type****Description**

	<p>Waste Disposal documentation required to be submitted Per rule 907.b Provide documentation of transport of exploration and production wastes to offsite facilities to include the following information:</p> <ul style="list-style-type: none"> <li>A. The date of the transport;</li> <li>B. The identity of the waste generator;</li> <li>C. The identity of the waste transporter;</li> <li>D. The location of the waste pickup site;</li> <li>E. The type and volume of waste; and</li> <li>F. The name and location of the treatment or disposal site.</li> </ul>
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**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**

402357063	FORM 27-SUPPLEMENTAL-SUBMITTED
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)