



REMEDIATION WORKPLAN (Cont.)

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

OGCC Employee: \_\_\_\_\_

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

Groundwater has not been encountered.

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.

Reclamation activities at the site will be compliant with COGCC regulations.

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:

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

Stockpiled soils will be remediated and placed onsite for reclamation.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 08/28/15	Date Site Investigation Completed: TBD	Date Remediation Plan Submitted: _____
Remediation Start Date: 08/28/15	Anticipated Completion Date: TBD	Actual Completion Date: _____

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

Print Name: Robert DeOtte

Signed:

Title: Environmental Coordinator

Date: 11/25/2015

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_