

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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402305591

Receive Date:

02/06/2020

Report taken by:

CHRIS CANFIELD

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>ARCADIS US INC</u>	Operator No: <u>200314</u>	Phone Numbers
Address: <u>630 PLAZA DRIVE SUITE 100</u>		Phone: <u>(918) 640-5136</u>
City: <u>HIGHLANDS RANCH</u> State: <u>CO</u> Zip: <u>80129</u>		Mobile: <u>(918) 640-5136</u>
Contact Person: <u>Eric Rainey</u>	Email: <u>eric.rainey@arcadis.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 29 Initial Form 27 Document #: 1008246

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 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 checked="" type="checkbox"/> Other <u>Annual Monitoring Reports 2013, 2014, 2015, 2016, 2017, 2018</u> |

SITE INFORMATION

N Multiple Facilities (in accordance with Rule 909.c.)

Facility Type: <u>GAS COMPRESSOR STATION</u>	Facility ID: <u>120073</u>	API #: _____	County Name: <u>ADAMS</u>
Facility Name: <u>State Compressor Station</u>	Latitude: <u>39.964400</u>	Longitude: <u>-104.677663</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NWSW</u>	Sec: <u>16</u>	Twp: <u>1S</u>	Range: <u>65W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u>

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Agriculture

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

N/A

SITE INVESTIGATION PLAN

TYPE OF WASTE:

<input type="checkbox"/> E&P Waste	<input type="checkbox"/> Other E&P Waste	<input checked="" type="checkbox"/> Non-E&P Waste
<input type="checkbox"/> Produced Water	<input type="checkbox"/> Workover Fluids	N/A
<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 type="checkbox"/> Pit Bottoms	
	<input type="checkbox"/> Other (as described by EPA)	

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
Yes	GROUNDWATER	Delineated	Mointoring Wells
No	SOILS	N/A	Excavation/Soil Borings

INITIAL ACTION SUMMARY

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

N/A

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):

N/A

Proposed Groundwater Sampling

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

N/A

Proposed Surface Water Sampling

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

N/A

Additional Investigative Actions

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

N/A

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?

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.

N/A

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.

N/A

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.

N/A

REMEDATION 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: _____

REMEDATION COMPLETION REPORT

REMEDATION 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.

N/A

Is the described reclamation complete? _____

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? _____

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

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). 04/11/2012

Date of commencement of Site Investigation. _____

Date of completion of Site Investigation. _____

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

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

Signed: Eric Rainey

Title: Project Manager

Submit Date: 02/06/2020

Email: eric.rainey@arcadis.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: CHRIS CANFIELD

Date: 02/13/2020

Remediation Project Number: 29

COA Type

Description

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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

402305591	FORM 27-SUPPLEMENTAL-SUBMITTED
402305635	MONITORING REPORT
402305639	MONITORING REPORT
402305656	MONITORING REPORT
402305669	MONITORING REPORT
402305672	MONITORING REPORT
402305677	MONITORING REPORT

Total Attach: 7 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)