FORM
27
Rev 3/16

State of Colorado Oil and Gas Conservation Commission

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



46290

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Receive Date:

Report taken by:

Phone Numbers

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

Name of Operator: KP KAUFFMAN COMPANY INC

OPERATOR INFORMATON

Operator No:

Address: 1675 BROADWAY, STE 2800					Phone:	(303) 825-4822	
City: DENVER	State:	СО	Zip:	80202	Mobile:	(720) 317-8161	
Contact Person: Max Knop			E	mail: mkn	op@kpk.com		
PROJECT, PURPOSE & SITE INFORMATION							
PROJECT INFORMATION							
Remediation Project #: 16131		Initial Form 27 D	ocumen	t #:	402536186	6	
PURPOSE INFORMATION							
901.e. Sensitive Area Determination		909.c.(5), Rule	910.b.(4): Remedia	tion of impacted of	ground water	
909.c.(1), Rule 905: Pit or PW vessel closure		Rule 909.e.(2)	A.: Notice	e completion	of remediation in	accordance with Rule 909.b.	
X 909.c.(2), Rule 906: Spill/Release Remediation		Rule 909.e.(2)	B.: Closu	ure of remed	liation project		
909.c.(3), Rule 907.e.: Land treatment of oily wa	aste	Rule 906.c.: D	irector re	equest			
909.c.(4), Rule 908.g.: Centralized E&P Waste Management Facility closure		Other					
SITE INFORMATION Nultiple Facilites (in accordance with Rule 909.c.)							
Facility Type: SPILL OR RELEASE Facility ID:	478086	6 API #:		Co	unty Name: WEL	D	
Facility Name: UPRR 43 PAN AM G Conso	olidation #	2 Latitude:	40.014	968	Longitude:	-104.905802	
** correc	t Lat/Long	if needed: Latitude:			Longitude:		
QtrQtr: SESE Sec: 29	Twp:1	N Range:	67W	Meridiar	n: 6	Sensitive Area? Yes	
SITE CONDITIONS							
General soil type - USCS Classifications SC		Most Sensitive A	djacent L		Residential/Cropl and		
Is domestic water well within 1/4 mile? Yes		Is surface water	within 1/4	4 mile? Yes	S		
Is groundwater less than 20 feet below ground surface?	Yes						
Other Potential Receptors within 1/4 mile							
L							

SITE INVESTIGATION PLAN

			SHE INVESTIGATION PLA	N
TYPE OF	WASTE:			
X E&P	Waste	Other E&P W	/aste Non-E&P Waste	
X Prod	luced Water	Workover Flui	ids	
▼ Oil		Tank Bottoms	;	
Con	densate	Pigging Waste	е	
Drilli	ng Fluids	Rig Wash		
Drill	Cuttings	Spent Filters		
		Pit Bottoms		
		Other (as des	cribed by EPA)	
<u>DESCRIF</u>	PTION OF IMPA	<u>CT</u>		
Impacted?	Impacted Media		Extent of Impact	How Determined
No	GROUNDWATER		None	Groundwater Sampling
Yes	SOILS		25'(n-s) x 15'(e-w) x 6' BGS	Extent of Excavation
PROPOSE Propose Will soil s The total extent of GRO, D	vner notified KPK at 2:15 surized flowline system and surface level. SED SAMPLING d Soil Sampling amples be collected as all horizontal and vertical of the excavation will be	5 pm on 9/19/2020, within 2-hours of no EPLAN GPLAN Spart of this invest a lextent has not bee based on results frod 8215), and BTE	via the emergency contact line that an active flotification. Equipment was brought in same day to tigation? (Number, type (grab/composite), an established. Extent of impact will be based on	nalyses, and locations of samples): limits of final excavation. Final vertical and horizontal ion walls. All soil Samples will be analyzed for TPH-
<u>-</u>			this investigation? (Number, analyses, and le	ocations of samples):
	water was encountered verified groundwater sa			analyzed for BTEX (EPA Method 8260). Analytical
	quirement of Field Inspe IGCC Table 910-1.	ection Doc#6895010	092, one (1) sample collected from the private w	rater well (DWR Permit 302477) and verified compliant
Propose	d Surface Wate	<u>r Sampling</u>		
X Will surfa	ce water samples be o	collected as part of	this investigation? (Number, analyses, and	locations of samples):
	quirement of Field Insperence collected and verified			ry Creek (upstream, downstream, and at location of
	al Investigative	<u> </u>		
<u>Actions</u>				
Additiona	l alternative investigati	ive actions describ	ed in attached Site Investigation Plan (summ	nary):

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SITE INVESTIGATION REPORT

Soil	NA / ND
Number of soil samples collected 0	Highest concentration of TPH (mg/kg)
Number of soil samples exceeeding 910-1	Highest concentration of SAR
Was the areal and vertical extent of soil contamination delineated?	BTEX > 910-1
Approximate areal extent (square feet)	Vertical Extent > 910-1 (in feet)
Groundwater	
Number of groundwater samples collected 2	ND Highest concentration of Benzene (μg/l)
Was extent of groundwater contaminated delineated? Yes	ND Highest concentration of Toluene (μg/l)
Depth to groundwater (below ground surface, in feet) 5	ND Highest concentration of Ethylbenzene (μg/l)
Number of groundwater monitoring wells installed 0	ND Highest concentration of Xylene (μg/l)
Number of groundwater samples exceeding 910-1 0	NA Highest concentration of Methane (mg/l)
Surface Water	
3 Number of surface water samples collected	
0 Number of surface water samples exceeding 910-1	
If surface water is impacted, other agency notification may be requir	ired.
THER INVESTIGATION INFORMATION	
Were impacts to adjacent property or offsite impacts identified?	
Ware had ground complete collected as part of this site investigation?	
Were background samples collected as part of this site investigation?	
Was investigation derived waste (IDW) generated as part of this investigation	on?
Valuma of colid wasta (cubic wards)	me of liquid waste (barrels)
Volume of solid waste (cubic yards) Volum	

REMEDIAL ACTION PLAN

KEIVI	EDIAL .	ACTION PLAN
Does this Supplemental Form 27A include changes to a previous	sly approve	d Remedial Action Plan? No
SOURCE REMOVAL SUMMARY		
Describe how source is to be removed.		
All impacted soil will be excavated and hauled to a certified dis	sposal location	on.
REMEDIATION SUMMARY		
Describe how remediation of existing impacts to soil and ground		be accomplished (i.e. summarize remedial action plan). Provide a ementation, estimated time to attain NFA status, plus plans and
		I be disposed of at the Denver Regional Landfill in Erie, CO. Excavation I is estimated to be conducted through Nov-Dec 2020. Following the completion
Soil Remediation Summary		
In Situ	X Ex Si	tu
Bioremediation (or enhanced bioremediation)	Yes	Excavate and offsite disposal
Chemical oxidation		If Yes: Estimated Volume (Cubic Yards) 100
Air sparge / Soil vapor extraction		Name of Licensed Disposal Facility or COGCC Facility ID #
Natural Attenuation		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 monitorin methods, points of compliance. Attach a groundwater monitoring		uding # of wells or sample points, monitoring schedule, analytical iagram.

REMEDIATION PROGRESS UPDATE

PERIODIC REPORTING
Frequency: Quarterly Semi-Annually Annually Other E&P Waste Disposal Update
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? 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 48
E&P waste (solid) description Hydrocarbon impacted soils
COGCC Disposal Facility ID #, if applicable:
Non-COGCC Disposal Facility: Denver Regional Landfill
Volume of E&P Waste (liquid) in barrels0
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?
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.
Upon obtaining complaint confirmation soil samples, the excavation area will be backfilled using clean fill dirt, recontoured, and seeded.
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? Yes

IMPLEMENTATION SCHEDULE

PRIOR DATI	<u>:S</u>	
Date of Surface (wner notification/consultation, if required. 09/19/2020	
Actual Spill or Re	ease date, if known. 09/19/2020	
SITE INVEST	IGATION DATES	
Date of Initial Act	ons described in Site Investigation Plan (start date). 09/19/2020	
Date of commend	ement of Site Investigation. 09/19/2020	
Date of completion	n of Site Investigation.	
REMEDIAL	ACTION DATES	
Date of commend	ement of Remediation. 09/19/2020	
Date of completion	n of Remediation.	
SITE RECLA	MATION DATES	
Date of commend	ement of Reclamation.	
Date of completion	n 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:` Max K	op Title: Gen Mangr of Air Quality	
Submit Date:`	Email: mknop@kpk.com	
	rmation provided herein, this Application for Site Investigation and Remediation Workplan complies with	n COGCC
COGCC Approve	d: Date:	
Remediation P		
	<u> </u>	
COA Type	<u>Description</u>	
Upon approval	Attachment Check List the approved Form 27 and all listed attachments will be indexed to the Remediation Project file. Only the approved	Form 27
	exed to the related Facilities.	FOIII 21
Att Doc Num	<u>Name</u>	
402539263	DISPOSAL MANIFESTS	
Fotal Attach: 1 Fil		
	General Comments	
Jser Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)