

**ENGINEERING CHANGE NOTICE**

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1. ECN **611433**

Proj. ECN **N/A**

2. ECN Category (mark one)  Supplemental <input checked="" type="checkbox"/> [X] Direct Revision <input type="checkbox"/> [ ] Change ECN <input type="checkbox"/> [ ] Temporary <input type="checkbox"/> [ ] Standby <input type="checkbox"/> [ ] Supersedure <input type="checkbox"/> [ ] Cancel/Void <input type="checkbox"/> [ ]	3. Originator's Name, Organization, MSIN, and Telephone No.  T. J. Wood OM613/RD1CA S3-24 373-7492	3a. USQ Required?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Date  July 05, 1995	
	5. Project Title/No./Work Order No.  NA	6. Bldg./Sys./Fac. No.  NA	7. Approval Designator  QD	
	8. Document Numbers Changed by this ECN (includes sheet no. and rev.)  WHC-SD-EN-AP-161, Rev 0	9. Related ECN No(s).  186391, 186390, 614124, 614122	10. Related PO No.  NA	

11a. Modification Work  <input type="checkbox"/> Yes (fill out Blk. 11b) <input checked="" type="checkbox"/> No (NA Blks. 11b, 11c, 11d)	11b. Work Package No.  NA	11c. Modification Work Complete  NA	11d. Restored to Original Condition (Temp. or Standby ECN only)  NA
		_____ Cog. Engineer Signature & Date	_____ Cog. Engineer Signature & Date

12. Description of Change  
 WHC-SD-EN-AP-161, Rev 0, "Fitness-for-Intended-Use Evaluation Recommendations for Hanford Site 600 Area Wells." Increase scope of document to include attached Appendix F.

Cultural Resource reviews have been completed for wells 699-83-36 and 699-96-52. An engineering hold has been placed on wells 699-S24-19B, 699-50-28, 699-81-46, 699-81-47, 699-82-747, 699-83-36B, 699-83-36C, 699-83-36D, 699-83-36E, 699-83-36F, and 699-83-36G. The engineering hold is pending Cultural Resource review approval.

13a. Justification (mark one)

Criteria Change <input checked="" type="checkbox"/> [X]	Design Improvement <input type="checkbox"/> [ ]	Environmental <input type="checkbox"/> [ ]	Facility Deactivation <input type="checkbox"/> [ ]
As-Found <input type="checkbox"/> [ ]	Facilitate Const <input type="checkbox"/> [ ]	Const. Error/Omission <input type="checkbox"/> [ ]	Design Error/Omission <input type="checkbox"/> [ ]

13b. Justification Details  
 Expands plan application in accordance with WAC 173-160 well decommissioning criteria.

14. Distribution (include name, MSIN, and no. of copies) See Distribution Sheet	RELEASE STAMP  OFFICIAL RELEASE BY WHC DATE JUL 11 1995 <i>Sta 4</i>
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Subject: 600 Area Well Decommissioning Planned for 4th Quarter FY 1995  
by WHC Well Services

This Appendix F to WHC-SD-EN-AP-161 lists Hanford Site wells selected for decommissioning during the 4th quarter of FY 1995 under the well decommissioning charter of WHC Well Services.

Groundwater monitoring wells subject to the Hanford Facility RCRA Permit (Permit), Condition II.F.2, are currently in compliant condition and in active use. These wells are currently not identified as requiring decommissioning. However, the Second Responsiveness Summary for the subject permit provided by the Washington State Department of Ecology (Department) states the Department's understanding that orphan wells have been identified as those wells which are not claimed and are not in use and that these wells are considered "RCRA" wells by the Hanford Administration. Approximately 455 wells have been designated "orphan". The Department goes on to state that they (the Department) "will pursue enforcement action outside of this permit to assess and remediate and/or abandon (to Chapter 173-160 WAC standards), where applicable, those wells not being addressed by this permit."

A map of the well locations, construction summary drawings, resource protection groundwater well structure fitness for use checklists for each well, and a diagram of the decommissioning process to be followed for each well are attached. Selection of wells to be decommissioned used one or more of the following criteria:

1. No declared owner or use, i.e., orphan status (RCRA).
2. Located in the 600 Area.
3. Deep boreholes lacking annular seals that have the potential for interconnection of aquifers or upward leakage from confined aquifers.
4. Relatively near Columbia or Yakima Rivers or North of Gable Butte/Gable Mountain and/or within ~5 kilometers of the rivers.
5. Relatively near waste burial sites.
6. Wells that are a safety hazard.

Several wells (three) have been located that were previously evaluated and comments received from interested companies (Pacific NorthWest Laboratory, Bechtel Hanford Inc., Westinghouse Hanford Company). Wells 699-84-61B and 699-80-39E have been located and were previously approved for decommissioning. Well 699-86-64 has also been located and is awaiting decommissioning .

Several wells listed (thirteen) have been identified as safety hazards, many serious. Their decommissioning has been requested by the WHC Safety organization and are orphan. These wells are 699-S24-19B, 699-50-28P, 699-81-46, 699-81-47, 699-82-47, 699-83-36, 699-83-36B, 699-83-36C, 699-83-36D, 699-83-36E, 699-83-36F, 699-96-52, and 699-97-47.

Reference general information in Table 1.

Table 1. 600 and 100 Area Wells Recommended for Decommissioning

Well Number	Hanford Coords. N/S E/W	Date Drilled	Depth Drilled	Casing size	Well ID/ Type	Owner	Recommended Disposition
699-S24-19B	-23995.00 -18959.00 T10N, R27E, S3, SE SE		23.00 ft	30.0 in	B2479/UN	orphan	decommission
699-50-28D	N50075.00 -28297.00 T13N, R27E, S33, NW NE		220.00 ft	16.0 in	B2535/UN	orphan	decommission
699-80-39B	N79801.00 -38544.00 T14N, R27E, S31, NE SE	02/44	53.00 ft	16.0 in	A8991/VW	orphan	decommission
699-81-46	450 ft SE of B2480 T14N, R26E, S25, SW SE		5.00 ft	48.0 in	B2482/UN	orphan	decommission
699-81-47	1200 ft W of 6-82-45A T14N, R26E, S25, SW SE		30.00 ft	60.0 in	B2480/UN	orphan	decommission
699-82-47	600 ft N of B2480 T14N, R26E, S25, SW SE		4.00 ft	48.0 in	B2481/UN	orphan	decommission
699-83-36	N83000.00 -36000.00 T14N, R27E, S29, SW SW		44.00 ft	12.0 in	A5340/UN	orphan	decommission
699-83-36B	N83350.00 -36125.00 T14N, R27E, S29, SW SW		33.50 ft	60.0 in	B2475/UN	orphan	decommission
699-83-36C	N83355.00 -36130.00 T14N, R27E, S29, SW SW		37.90 ft	6.0 in	B2472/UN	orphan	decommission
699-83-36D	N83344.00 -36120.00 T14N, R27E, S29, SW SW		37.25 ft	6.0 in	B2473/UN	orphan	decommission
699-83-36E	N83358.00 -36125.00 T14N, R27E, S29, SW SW		39.50 ft	6 in	B2474/UN	orphan	decommission
699-83-36F	N83350.00 -36000.00 T14N, R27E, S29, SW SW		31.0 ft	48.0 in	B2478/UN	orphan	decommission
699-84-61B	N83720.00 -60880.00 T14N, R26E, S28, SE NW	12/72	115.00 ft	6.0 in	A9033/GW	orphan	decommission
699-86-64	N85780.00 -64060.00 T14N, R26E, S13, NW NW		949.50 ft	3.0 in	A9060/GW	orphan	decommission
699-96-52	N95966.00 -51526.00 T14N, R26E, S13, NW NW		34.00 ft	12.0 in	A5359/GW	orphan	decommission
699-97-47	N96735.00 -47285.00 T14N, R26E, S13, NW NW		26.00 ft	48.0 in	A5361/GW	orphan	decommission

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WELL LOCATION MAP

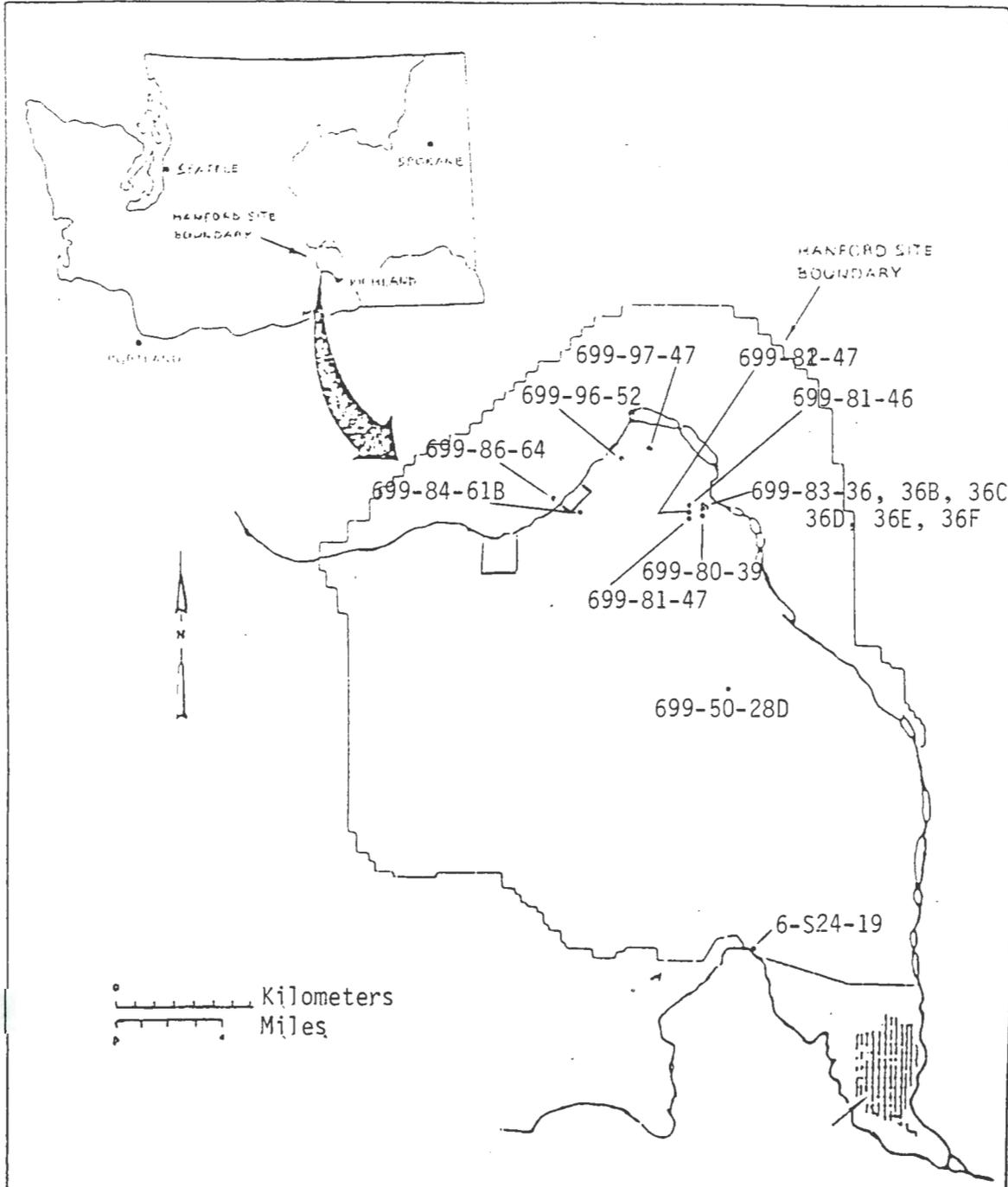


Figure 1. Location Map of Wells Selected for Decommissioning

WHC-SD-EN-AP-161, Rev 0, APPENDIX F

Fitness-for-Intended Use  
Evaluation Recommendations  
For Hanford Site 600 Area Wells

699-S24-19B	Page 7
<del>699-699-50-28D</del>	Page 11
<sup>2016/1/15</sup> 699-80-39B	Page 15
699-81-46	Page 19
699-81-47	Page 23
699-82-47	Page 27
699-83-36	Page 31
699-83-36B	Page 35
699-83-36C	Page 39
699-83-36D	Page 43
699-83-36E	Page 47
699-83-36F	Page 51
699-84-61B	Page 55
699-86-64	Page 59
699-96-52	Page 63
699-97-47	Page 67

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-S24-19B</u>  Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> ) <u>No potential user identified</u>	
3. Is well presently in use? <input type="checkbox"/> <u>No</u> ) <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-075? <input type="checkbox"/> <u>No</u> ) <u>No documented annular seal</u>	
4a. Natural barriers preserved? <input type="checkbox"/> <u>N/A</u> ) <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> ) <u>No seals documented</u>	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-085? <input type="checkbox"/> <u>No</u> ) <u>Not capped</u>	
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u> ) <u>No annular seal</u>	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
6c. Well properly identified? <input type="checkbox"/> <u>No</u> ) <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-510? <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u>	
7a. Well capped and protected? <input type="checkbox"/> <u>No</u> ) <u>Not capped or protected</u>	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>No</u> ) <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
8. Are casing materials IAW 173-160-520? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> ) <u>Not documented</u>	

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-S24-19B</u>																		
Page 2 of 2																			
<p>11. Is design and construction IAW WAC 173-160-5407  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>11a. Screen commercially fabricated of material nonreactive to subsurface conditions?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>11c. Well has been developed.  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>11d. Annulus grouted with bentonite or bentonite/cement mixture.  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>12. Does water sample meet established acceptance criteria?          Sample is less than 5 NTU and sand free.  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>13. Data Sources Used:</p> <p>Logs:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">Driller's: <u>Not documented</u></td> <td style="width: 25%;">Date: _____</td> <td style="width: 25%;">Company: _____</td> </tr> <tr> <td>Geologist: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> <tr> <td>Geophysical: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> <tr> <td>Television: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> </table> <p>Publications: Title, Author, Date  <u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u></p> <p>Databases:  <u>WHC Well Services</u></p> <p>Field Check: <u>Well Services</u> Date: <u>05/31/95</u> Company: <u>WHC</u></p> <p>Other:          _____          _____          _____</p>		Driller's: <u>Not documented</u>	Date: _____	Company: _____	Geologist: _____	Date: _____	Company: _____	Geophysical: _____	Date: _____	Company: _____	Television: _____	Date: _____	Company: _____						
Driller's: <u>Not documented</u>	Date: _____	Company: _____																	
Geologist: _____	Date: _____	Company: _____																	
Geophysical: _____	Date: _____	Company: _____																	
Television: _____	Date: _____	Company: _____																	
<p>14. Comments: Identify evaluation criteria addressed by number:</p> <p>_____          _____          _____          _____          _____          _____          _____          _____          _____          _____</p>																			
<p>15. Status</p> <table style="width:100%; border: none;"> <tr> <td style="width: 45%;">Well is acceptable for intended use</td> <td style="width: 10%;"><input type="checkbox"/> <u>No</u></td> <td style="width: 45%;"><input type="checkbox"/> <u>Well lacks seals</u></td> </tr> <tr> <td>Well is acceptable for intended use if variance is granted</td> <td><input type="checkbox"/> <u>N/A</u></td> <td><input type="checkbox"/> <u>Not applicable</u></td> </tr> <tr> <td>Rehabilitation required to continue intended use</td> <td><input type="checkbox"/> <u>No</u></td> <td><input type="checkbox"/> <u>Not applicable</u></td> </tr> <tr> <td>Remediation required to achieve intended use</td> <td><input type="checkbox"/> <u>No</u></td> <td><input type="checkbox"/> <u>Well has no identified user</u></td> </tr> <tr> <td>Decommission, well is unneeded or cannot be remediated</td> <td><input type="checkbox"/> <u>Yes</u></td> <td><input type="checkbox"/> <u>well has no identified need</u></td> </tr> <tr> <td>Other <u>Extreme safety hazard</u></td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> <u>open top pit</u></td> </tr> </table> <p>16. Status Recommendation          Done By: Name: <u>T. J. Wood</u> Title: <u>Senior Engineer</u> Date: <u>06/30/95</u></p>		Well is acceptable for intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Well lacks seals</u>	Well is acceptable for intended use if variance is granted	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Not applicable</u>	Rehabilitation required to continue intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Not applicable</u>	Remediation required to achieve intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Well has no identified user</u>	Decommission, well is unneeded or cannot be remediated	<input type="checkbox"/> <u>Yes</u>	<input type="checkbox"/> <u>well has no identified need</u>	Other <u>Extreme safety hazard</u>	<input type="checkbox"/> _____	<input type="checkbox"/> <u>open top pit</u>
Well is acceptable for intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Well lacks seals</u>																	
Well is acceptable for intended use if variance is granted	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Not applicable</u>																	
Rehabilitation required to continue intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Not applicable</u>																	
Remediation required to achieve intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Well has no identified user</u>																	
Decommission, well is unneeded or cannot be remediated	<input type="checkbox"/> <u>Yes</u>	<input type="checkbox"/> <u>well has no identified need</u>																	
Other <u>Extreme safety hazard</u>	<input type="checkbox"/> _____	<input type="checkbox"/> <u>open top pit</u>																	

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WELL CONSTRUCTION AND COMPLETION SUMMARY		
Drilling Method: <u>Cable tool</u>	Sample Method: <u>Hard tool (nom)</u>	WELL NUMBER: <u>699-S24-19B B2479</u> TEMPORARY BWIP WELL NO: _____
Drilling Fluid Used: <u>Water</u>	Additives Used: <u>Not documented</u>	Hanford State Coordinates: N/S <u>S 23,995</u> E/W <u>W 18,959</u>
Driller's Name: <u>Not documented</u>	WA State Lic Nr: <u>Not documented</u>	State Coordinates: N <u>381,380</u> E <u>2,314,345</u>
Drilling Company: <u>Not documented</u>	Company Location: <u>Not documented</u>	Start Card #: <u>Not documented</u> T <u>10N</u> R <u>27E</u> S <u>3 SE SE</u>
Date Started: <u>Not documented</u>	Date Complete: <u>Not documented</u>	Elevation Ground surface: <u>426.0-ft Estimated</u>

Depth to water: 17.0-ft 31May95  
(Ground surface)

GENERALIZED Driller's  
STRATIGRAPHY Log

0-23-ft. Not documented

Elevation of reference point: [426.0-ft]  
(top of casing)

Height of reference point above [426.0-ft]  
ground surface

Depth of surface seal: [ND]  
Type of surface seal,

30-in round concrete,  
open cistern 0-17.0-ft

6-8-in casing: 17-23-ft

Depth to bottom: 23-ft

Drawing By: TJW/6S24-19B.ASB  
Date : 26Jun95  
Reference : \_\_\_\_\_

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DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
<b>Drilling</b> Method: <u>Cable tool</u> Fluid Used: <u>Water</u> Driller's Name: <u>Not documented</u> Company: <u>Not documented</u> Date Started: <u>Not documented</u>	<b>Sample</b> Method: <u>Hard tool (nom)</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Not documented</u> Date Complete: <u>Not documented</u>	<b>WELL</b> NUMBER: <u>699-S24-198 B2479</u> TEMPORARY BWIP WELL NO: _____ Hanford Coordinates: N/S <u>S 23,995</u> E/W <u>W 18,959</u> State Coordinates: N <u>381,380</u> E <u>2,314,345</u> Start Card #: <u>Not documented</u> T <u>10N</u> R <u>27E</u> S <u>3</u> SE SE Elevation Ground surface: <u>426.0-ft Estimated</u>
<p>Depth to water: <u>17.0-ft</u> <u>31May95</u> (Ground surface)</p> <p><b>DIAGRAMMATIC DECOMMISSIONING ACTIVITIES</b> (Depths from ground surface)</p> <p>[1] Establish depth to bottom clean out</p> <p>[2] Perforate 6/8-in casing, 17-23-ft</p> <p>[3] Place grout from 3-23-ft</p> <p>[4] Place cement cap 3-ft to surface, set brass marker and backfill to grade</p> <p><b>NOTE:</b> Order of work to be determined by field conditions.</p>		
<p>Elevation of reference point: (top of casing) [ 426.0-ft ]</p> <p>Height of reference point above ground surface [ 426.0-ft ]</p> <p>Depth of surface seal [ ND ]</p> <p>Type of surface seal, 30-in round concrete, open cistern 0-17.0-ft</p> <p>6-8-in casing: 17-23-ft</p> <p>Depth to bottom: 23-ft</p>		
<p>Drawing By: <u>TJW/6S24W19B.ASB</u></p> <p>Date : <u>26Jun95</u></p> <p>Reference : _____</p>		

WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-50-28.D</u>
Page 1 of 2	
<p>2. Has a need for use of the well been identified and documented?  <input type="checkbox"/> <u>No</u> ) <u>No potential user identified</u></p> <p>3. Is well presently in use?  <input type="checkbox"/> <u>No</u> ) <u>No use identified</u></p> <p>4. Is casing sealed in accordance with IAW WAC 173-160-075?  <input type="checkbox"/> <u>No</u> ) <u>No documented annular seal</u></p> <p>4a. Natural barriers preserved?  <input type="checkbox"/> <u>No</u> ) <u>Well terminates within unconfined aquifer</u></p> <p>4b. Aquifer/strata penetrated permanently sealed?  <input type="checkbox"/> <u>No</u> ) <u>No seals documented</u></p> <p>4c. Annulus sealed against surface water?  <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u></p> <p>4d. Casing overlap more than 8 ft; packed and grouted?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>5. If not in use, is well capped IAW WAC 173-160-085?  <input type="checkbox"/> <u>No</u> ) <u>Open top pit</u></p> <p>6. Is design and construction IAW WAC 173-160-500?  <input type="checkbox"/> <u>No</u> ) <u>No annular seal</u></p> <p>6a. Saturated formation/aquifers not connected?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>6b. Cuttings/development water handled IAW WAC 173-303?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>6c. Well properly identified?  <input type="checkbox"/> <u>No</u> ) <u>No permanent identification</u></p> <p>7. Is surface protection IAW WAC 173-160-510?  <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u></p> <p>7a. Well capped and protected?  <input type="checkbox"/> <u>No</u> ) <u>Open at top</u></p> <p>7b. Protective posts, surface pad or cover installed?  <input type="checkbox"/> <u>No</u> ) <u>No posts or pad</u></p> <p>7c. Surface protection waived or variance obtained?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>7d. Is existing surface protection damaged?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>8. Are casing materials IAW 173-160-520?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9a. Drill rig/equipment casing/screen cleaned?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9b. Filter pack cleaned? Material compatible?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p>	
RCRA/CERCLA MONITORING WELL?	
<p>10. Does water sample from vertical screened interval represent horizontal stratigraphy?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>10a. Screened interval documented?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>10b. Vertical lithology documented?  <input type="checkbox"/> <u>No</u> ) <u>Not Documented</u></p>	

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-50-28 D</u>
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11. Is design and construction IAW WAC 173-160-540?

N/A ) Not applicable

11a. Screen commercially fabricated of material nonreactive to subsurface conditions?

N/A ) Not applicable

11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.

N/A ) Not applicable

11c. Well has been developed.

N/A ) Not applicable

11d. Annulus grouted with bentonite or bentonite/cement mixture.

N/A ) Not applicable

12. Does water sample meet established acceptance criteria?  
Sample is less than 5 NTU and sand free.

N/A ) Not applicable

13. Data Sources Used:

Logs:

Driller's: _____	Date: _____	Company: _____
Geologist: _____	Date: _____	Company: _____
Geophysical: _____	Date: _____	Company: _____
Television: _____	Date: _____	Company: _____

Publications: Title, Author, Date

HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993

Databases:

WHC Well Services

Field Check: Well Services Date: 05/30/95 Company: WHC

Other:

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14. Comments: Identify evaluation criteria addressed by number:

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15. Status

Well is acceptable for intended use	<input type="checkbox"/> <u>No</u>	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	<input type="checkbox"/> <u>N/A</u>	<u>Not applicable</u>
Rehabilitation required to continue intended use	<input type="checkbox"/> <u>No</u>	<u>Not applicable</u>
Remediation required to achieve intended use	<input type="checkbox"/> <u>No</u>	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	<input type="checkbox"/> <u>Yes</u>	<u>well has no identified need</u>
Other <u>Extreme safety hazard</u>	<input type="checkbox"/> _____	<u>Open pit</u>

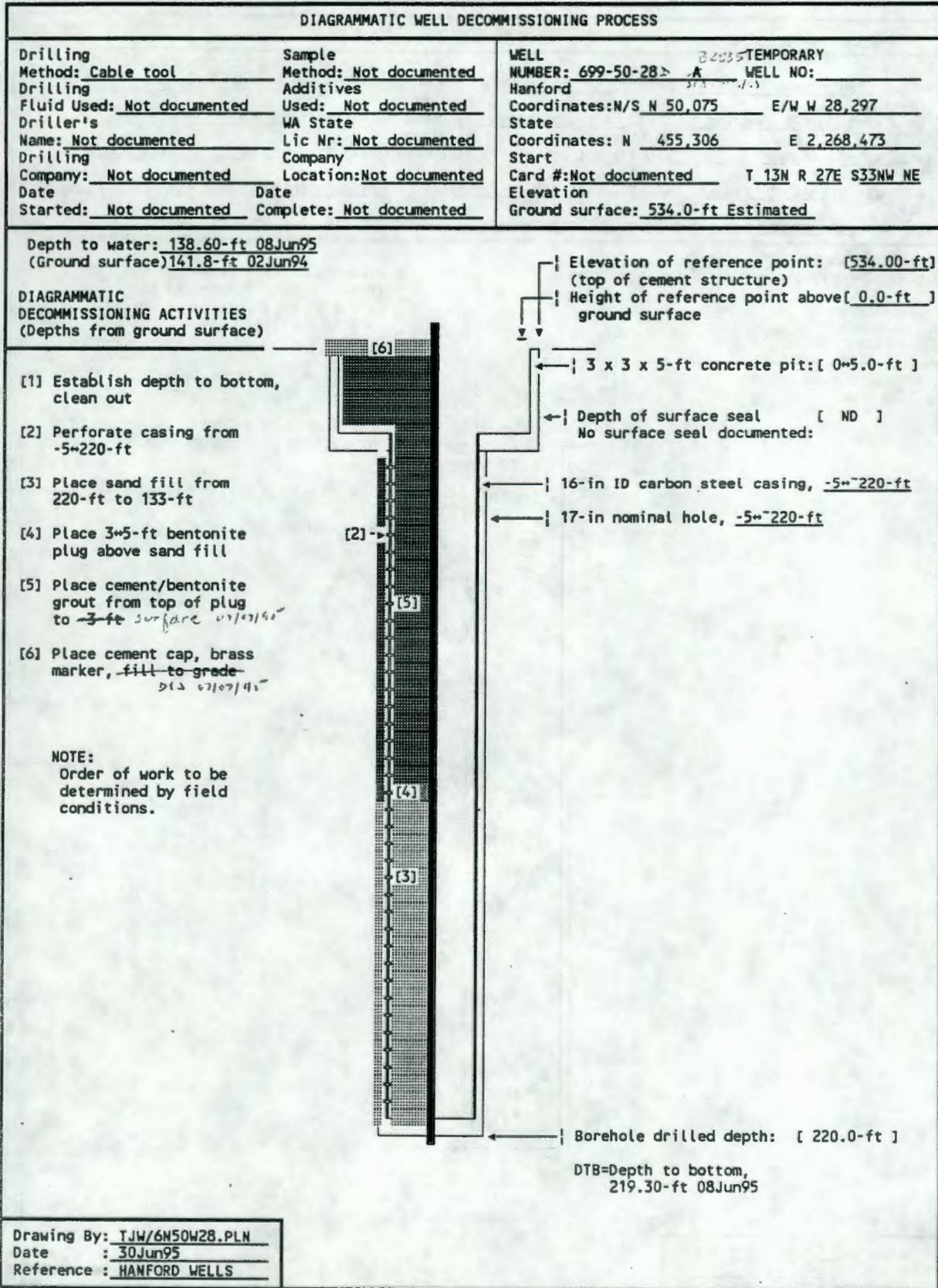
16. Status Recommendation

Done By: Name: T. J. Wood Title: Senior Engineer Date: 06/30/95

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WELL CONSTRUCTION AND COMPLETION SUMMARY		
Drilling Method: <u>Cable tool</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Location: <u>Not documented</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-50-28 D B2535</u> TEMPORARY Hanford State Coordinates: N/S <u>N 50,075</u> E/W <u>W 28,297</u> State Start Coordinates: N <u>455,306</u> E <u>2,268,473</u> Card #: <u>Not documented</u> T <u>13N</u> R <u>27E</u> S33NW NE Elevation Ground surface: <u>534.0-ft</u> Estimated
Depth to water: <u>138.60-ft</u> 08Jun95 (Ground surface) <u>141.8-ft</u> 02Jun94		
GENERALIZED STRATIGRAPHY	Driller's Log	Elevation of reference point: [ <u>534.00-ft</u> ] (top of cement structure) Height of reference point above [ <u>0.0-ft</u> ] ground surface
Not documented		
3 x 3 x 5-ft concrete pit: [ <u>0-5.0-ft</u> ] Depth of surface seal [ <u>ND</u> ] No surface seal documented: 16-in ID carbon steel casing, <u>-5-220-ft</u> 17-in nominal hole, <u>-5-220-ft</u>		
DTB ▼		
Borehole drilled depth: [ <u>220.0-ft</u> ] DTB=Depth to bottom, 219.30-ft 08Jun95		
Drawing By: <u>TJW/6N50W28.ASB</u> Date : <u>30Jun95</u> Reference : <u>HANFORD WELLS</u>		

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-80-39 B</u>  Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> ) <u>No potential user identified</u>	
3. Is well presently in use? <input type="checkbox"/> <u>No</u> ) <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-0757 <input type="checkbox"/> <u>No</u> ) <u>No documented annular seal</u>	
4a. Natural barriers preserved? <input type="checkbox"/> <u>No</u> ) <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> ) <u>No seals documented</u>	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-0857 <input type="checkbox"/> <u>No</u> ) <u>Open top pit</u>	
6. Is design and construction IAW WAC 173-160-5007 <input type="checkbox"/> <u>No</u> ) <u>No annular seal</u>	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-3037 <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
6c. Well properly identified? <input type="checkbox"/> <u>No</u> ) <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-5107 <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u>	
7a. Well capped and protected? <input type="checkbox"/> <u>No</u> ) <u>Open at top</u>	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>No</u> ) <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
8. Are casing materials IAW 173-160-5207 <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-5307 <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
RCRA/CERCLA MONITORING WELL?	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> ) <u>Not Documented</u>	

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-80-39B</u> Page 2 of 2
<p>11. Is design and construction IAW WAC 173-160-5407  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>11a. Screen commercially fabricated of material nonreactive to subsurface conditions?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>11c. Well has been developed.  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>11d. Annulus grouted with bentonite or bentonite/cement mixture.  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>12. Does water sample meet established acceptance criteria?          Sample is less than 5 NTU and sand free.  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>13. Data Sources Used:          Logs:            Driller's: _____ Date: _____ Company: _____            Geologist: _____ Date: _____ Company: _____            Geophysical: _____ Date: _____ Company: _____            Television: _____ Date: _____ Company: _____          Publications: Title, Author, Date  <u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u>          _____          Databases:  <u>WHC Well Services</u>          Field Check: <u>Well Services</u> Date: <u>05/30/95</u> Company: <u>WHC</u>          Other:          _____          _____          _____</p>	
<p>14. Comments: Identify evaluation criteria addressed by number:          _____          _____          _____          _____          _____          _____          _____          _____          _____          _____</p>	
<p>15. Status</p> <p>Well is acceptable for intended use <input type="checkbox"/> <u>No</u> ) <u>Well lacks seals</u></p> <p>Well is acceptable for intended use if variance is granted <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>Rehabilitation required to continue intended use <input type="checkbox"/> <u>No</u> ) <u>Not applicable</u></p> <p>Remediation required to achieve intended use <input type="checkbox"/> <u>No</u> ) <u>Well has no identified user</u></p> <p>Decommission, well is unneeded or cannot be remediated <input type="checkbox"/> <u>Yes</u> ) <u>well has no identified need</u></p> <p>Other <u>Extreme safety hazard</u> ( _____ ) _____</p>	
<p>16. Status Recommendation          Done By: Name: <u>T. J. Wood</u> Title: <u>Senior Engineer</u> Date: <u>06/30/95</u></p>	

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WELL CONSTRUCTION AND COMPLETION SUMMARY		
Drilling Method: <u>Dug Well</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Durand and Son</u> Date Started: <u>Jan44</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Not documented</u> Date Complete: <u>Feb44</u>	WELL NUMBER: <u>699-80-3913</u> A8991 TEMPORARY White Bluffs WELL NO: <u>Durand #1</u> Hanford Coordinates: N/S <u>N 79,851</u> E/W <u>W 38,500</u> State: _____ Coordinates: N <u>485,144</u> E <u>2,256,532</u> Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>31G1</u> Elevation Ground surface: <u>402.0-ft Estimated</u>
Depth to water: <u>16.0-ft</u> 03Feb44 (Ground surface) Dry 30May95		
GENERALIZED STRATIGRAPHY Driller's Log  Not documented	<p style="margin-left: 20px;">                         Elevation of reference point: [402.00-ft]                          (top of structure)                          Height of reference point above [ 0.0-ft ]                          ground surface                            Depth of surface seal [ ND± ]                          No surface seal documented:                            4.0-ft x 4.0-ft Wood lined structure: [ 0-14.0-ft ]                            DTB                          ▼                          Depth to bottom: [ 14.0-ft ]                          30May95                     </p>	
Drawing By: <u>TJW/6N80V39 .ASB.</u> Date : <u>28Jun95</u> Reference : <u>HANFORD WELLS</u>		

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DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
<p>Drilling Method: <u>Dug Well</u></p> <p>Drilling Fluid Used: <u>Not documented</u></p> <p>Driller's Name: <u>Not documented</u></p> <p>Drilling Company: <u>Durand and Son</u></p> <p>Date Started: <u>Jan44</u></p>	<p>Sample Method: <u>Not documented</u></p> <p>Additives Used: <u>Not documented</u></p> <p>WA State Lic Nr: <u>Not documented</u></p> <p>Company Location: <u>Not documented</u></p> <p>Date Complete: <u>Feb44</u></p>	<p>WELL NUMBER: <u>699-80-39 R A8991</u> TEMPORARY <u>White Bluffs</u></p> <p>Hanford WELL NO: <u>Durand #1</u></p> <p>Coordinates: N/S <u>N 79,851</u> E/W <u>W 38,500</u></p> <p>State Coordinates: N <u>485,144</u> E <u>2,256,532</u></p> <p>Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>31G1</u></p> <p>Elevation Ground surface: <u>402.0-ft Estimated</u></p>
<p>Depth to water: <u>16.0-ft</u> 03Feb44 (Ground surface) Dry 30May95</p>		
<p>DIAGRAMMATIC DECOMMISSIONING ACTIVITIES (Depths from ground surface)</p> <ol style="list-style-type: none"> <li>[1] Establish depth to bottom, clean out</li> <li>[2] Place <del>grout</del> <sup>grout</sup> from <u>14.0-ft</u> <sup>0.0-ft</sup></li> <li>[3] Place cement cap at <u>3.0-ft</u>. set brass marker and fill to grade.</li> </ol> <p>NOTE: Order of work to be determined by field conditions.</p>		<p>Elevation of reference point: [402.00-ft] (top of structure)</p> <p>Height of reference point above [ 0.0-ft ] ground surface</p> <p>Depth of surface seal [ ND± ] No surface seal documented:</p> <p>4.0-ft x 4.0-ft Wood lined structure: [ 0=14.0-ft ]</p> <p>Depth to bottom: [ 14.0-ft ] 30May95</p>
<p>Drawing By: <u>TJW/6N80W39 .PLN</u> Date : <u>28Jun95</u> Reference : <u>HANFORD WELLS</u></p>		

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-81-46</u>  Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No potential user identified</u>	
3. Is well presently in use? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-075? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No documented annular seal</u>	
4a. Natural barriers preserved? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No seals documented</u>	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-085? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not capped</u>	
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No annularseal</u>	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
6c. Well properly identified? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-510? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>	
7a. Well capped and protected? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not capped or protected</u>	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
8. Are casing materials IAW 173-160-520? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not documented</u>	



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WELL CONSTRUCTION AND COMPLETION SUMMARY		
Drilling Method: <u>Hand Dug</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-81-46</u> TEMPORARY B2482 WELL NO: _____ Hanford Coordinates: N/S <u>N 82,275.00</u> E/W <u>W 46,000.00</u> State NAD83 Coordinates: N _____    E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>26E</u> S <u>25SW</u> SE Elevation Ground surface: <u>413.00-ft Est.</u>
Depth to water: _____ (Ground surface) _____		
DIAGRAMMATIC DECOMMISSIONING ACTIVITIES (Depths from ground surface)		
DTB = Depth to bottom: 5.0-ft 01Jun95		
Drawing By: <u>TJW/6N81W46 .ASB</u> Date : <u>21Jun95</u> Reference : <u>HANFORD WELLS</u>		

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DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
<b>Drilling</b> Method: <u>Hand Dug</u> Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Company: <u>Not documented</u> Date Started: <u>Not documented</u>	<b>Sample</b> Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	<b>WELL</b> TEMPORARY NUMBER: <u>699-81-46</u> <u>B2482</u> WELL NO: _____ Hanford Coordinates: N/S <u>N 82,275.00</u> E/W <u>W 46,000.00</u> State NAD83 Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>26E</u> S <u>25SW</u> SE Elevation Ground surface: <u>413.00-ft Est.</u>
Depth to water: _____ (Ground surface) _____		
<b>DIAGRAMMATIC DECOMMISSIONING ACTIVITIES</b> (Depths from ground surface)		
[1] Establish depth to bottom, clean out [2] Place <del>grout</del> <sup>grout</sup> from total depth to <u>3-ft</u> <sup>surface</sup> [3] Place cement cap, brass marker, fill to grade.		Elevation of reference point: (top of cement) [ <u>413.0-ft</u> ] Height of reference point above ground surface [ <u>0.0-ft</u> ] Depth of surface seal [ <u>ND</u> ] No surface seal documented 4-ft square Wood lined cistern 0-5-ft DTB= Depth to bottom: 5.0-ft 01Jun95
<b>NOTE:</b> Order of work to be determined by field conditions.		
Drawing By: <u>TJW/6N81W46 .PLN</u> Date : <u>21Jun95</u> Reference : <u>HANFORD WELLS</u>		

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-81-47</u>  Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No potential user identified</u>	
3. Is well presently in use? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-075? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No documented annular seal</u>	
4a. Natural barriers preserved? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No seals documented</u>	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-085? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not capped</u>	
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No annular seal</u>	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
6c. Well properly identified? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-510? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>	
7a. Well capped and protected? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not capped or protected</u>	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
8. Are casing materials IAW 173-160-520? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
RCRA/CERCLA MONITORING WELL?	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not documented</u>	

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-81-47</u> Page 2 of 2
<p>11. Is design and construction IAW WAC 173-160-5407  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>11a. Screen commercially fabricated of material nonreactive to subsurface conditions?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>11c. Well has been developed.  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>11d. Annulus grouted with bentonite or bentonite/cement mixture.  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>12. Does water sample meet established acceptance criteria?          Sample is less than 5 NTU and sand free.  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>13. Data Sources Used:</p> <p>Logs:</p> <p>Driller's: <u>Not documented</u> Date: _____ Company: _____</p> <p>Geologist: _____ Date: _____ Company: _____</p> <p>Geophysical: _____ Date: _____ Company: _____</p> <p>Television: _____ Date: _____ Company: _____</p> <p>Publications: Title, Author, Date  <u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u></p> <p>Databases:  <u>WHC Well Services</u></p> <p>Field Check: <u>Well Services</u> Date: <u>05/31/95</u> Company: <u>WHC</u></p> <p>Other:          _____          _____</p>	
<p>14. Comments: Identify evaluation criteria addressed by number:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>15. Status</p> <p>Well is acceptable for intended use <input type="checkbox"/> <u>No</u> ) <u>Well lacks seals</u></p> <p>Well is acceptable for intended use if variance is granted <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>Rehabilitation required to continue intended use <input type="checkbox"/> <u>No</u> ) <u>Not applicable</u></p> <p>Remediation required to achieve intended use <input type="checkbox"/> <u>No</u> ) <u>Well has no identified user</u></p> <p>Decommission, well is unneeded or cannot be remediated <input type="checkbox"/> <u>Yes</u> ) <u>well has no identified need</u></p> <p>Other <u>Extreme safety hazard</u> <input type="checkbox"/> _____ ) <u>open top pit</u></p>	
<p>16. Status Recommendation</p> <p>Done By: Name: <u>T. J. Wood</u> Title: <u>Senior Engineer</u> Date: <u>06/30/95</u></p>	

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WELL CONSTRUCTION AND COMPLETION SUMMARY																											
Drilling Method: <u>Dug</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-81-47</u> <u>B2480</u> TEMPORARY WELL NO: _____ Hanford Coordinates: N/S <u>N 81,525.00</u> E/W <u>W 47,450.00</u> State NAD83 Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>26E</u> S <u>25SW</u> SE Elevation Ground surface: <u>413.00-ft Est.</u>																									
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DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
<p>Drilling Method: <u>Dug</u></p> <p>Drilling Fluid Used: <u>Not documented</u></p> <p>Driller's Name: <u>Not documented</u></p> <p>Drilling Company: <u>Not documented</u></p> <p>Date Started: <u>Not documented</u></p>	<p>Sample Method: <u>Not documented</u></p> <p>Additives Used: <u>Not documented</u></p> <p>WA State Lic Nr: <u>Not documented</u></p> <p>Company Location: <u>Unknown</u></p> <p>Date Complete: <u>Not documented</u></p>	<p>WELL NUMBER: <u>699-81-47</u> TEMPORARY <u>B2480</u> WELL NO: _____</p> <p>Hanford</p> <p>Coordinates: N/S <u>N 81,525.00</u> E/W <u>W 47,450.00</u></p> <p>State NAD83</p> <p>Coordinates: N _____ E _____</p> <p>Start Card #: <u>Not documented</u> T <u>14N</u> R <u>26E</u> S <u>25SW</u> SE</p> <p>Elevation Ground surface: <u>413.00-ft Est.</u></p>
<p>Depth to water: _____ (Ground surface) _____</p>		
<p>DIAGRAMMATIC DECOMMISSIONING ACTIVITIES (Depths from ground surface)</p> <ol style="list-style-type: none"> <li>[1] Establish depth to bottom, clean out</li> <li>[2] Place <del>cement grout</del> <sup>concrete</sup> from 30-3.0-ft</li> <li>[3] Place cement cap from 3-ft to surface, set brass marker and fill to grade ✓</li> </ol> <p>NOTE: Order of work to be determined by field conditions.</p>		<p>Elevation of reference point: (top of cement) [~415.8-ft]</p> <p>Height of reference point [ 2.80-ft ] above ground surface</p> <p>← Depth of surface seal [ ND ] No surface seal documented</p> <p>← 5-ft Round cement lined cistern: +2.8-30.0-ft</p> <p>DTB = Depth to bottom: 30.0-ft 31May95</p>
<p>* NOTE: Pending Direction of Cultural Resource Review.</p>		
<p>Drawing By: <u>TJW/6N81W47 .PLN</u> Date : <u>21Jun95</u> Reference : <u>HANFORD WELLS</u></p>		

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-82-47</u> Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No potential user identified</u>	
3. Is well presently in use? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-075? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No documented annular seal</u>	
4a. Natural barriers preserved? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No seals documented</u>	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-085? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not capped</u>	
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No annular seal</u>	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
6c. Well properly identified? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-510? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>	
7a. Well capped and protected? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not capped or protected</u>	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
8. Are casing materials IAW 173-160-520? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not documented</u>	

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-82-47</u>
	Page 2 of 2

11. Is design and construction IAW WAC 173-160-5407  
 N/A ) Not applicable

11a. Screen commercially fabricated of material nonreactive to subsurface conditions?  
 N/A ) Not applicable

11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.  
 N/A ) Not applicable

11c. Well has been developed.  
 N/A ) Not applicable

11d. Annulus grouted with bentonite or bentonite/cement mixture.  
 N/A ) Not applicable

12. Does water sample meet established acceptance criteria?  
 Sample is less than 5 NTU and sand free.  
 N/A ) Not applicable

13. Data Sources Used:

Logs:

Driller's: <u>Not documented</u>	Date: _____	Company: _____
Geologist: _____	Date: _____	Company: _____
Geophysical: _____	Date: _____	Company: _____
Television: _____	Date: _____	Company: _____

Publications: Title, Author, Date  
HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993

Databases:  
WHC Well Services

Field Check: Well Services Date: 05/31/95 Company: WHC

Other:  
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14. Comments: Identify evaluation criteria addressed by number:  
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15. Status

Well is acceptable for intended use	<input type="checkbox"/> <u>No</u>	) <u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	<input type="checkbox"/> <u>N/A</u>	) <u>Not applicable</u>
Rehabilitation required to continue intended use	<input type="checkbox"/> <u>No</u>	) <u>Not applicable</u>
Remediation required to achieve intended use	<input type="checkbox"/> <u>No</u>	) <u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	<input type="checkbox"/> <u>Yes</u>	) <u>well has no identified need</u>
Other <u>Extreme safety hazard</u>	<input type="checkbox"/> _____	) <u>open top pit</u>

16. Status Recommendation  
 Done By: Name: T. J. Wood Title: Senior Engineer Date: 06/30/95

WHC-SD-EN-AP-161, Rev 0, Appendix F

WELL CONSTRUCTION AND COMPLETION SUMMARY		
Drilling Method: <u>Hand Dug</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-82-47</u> <u>B2481</u> TEMPORARY WELL NO: _____ Hanford Coordinates: N/S <u>N 82,125.00</u> E/W <u>W 47,450.00</u> State NAD83 Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>26E</u> S <u>25SW</u> SE Elevation Ground surface: <u>413.00-ft Est.</u>
Depth to water: _____ (Ground surface) _____ GENERALIZED STRATIGRAPHY No Documentation		
Drawing By: <u>TJW/6N82W47 .ASB</u> Date : <u>21Jun95</u> Reference : <u>HANFORD WELLS</u>		

WHC-SD-EN-AP-161, Rev 0, Appendix F

DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
Drilling Method: <u>Hand Dug</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-82-47</u> <u>82481</u> TEMPORARY WELL NO: _____ Hanford Coordinates: N/S <u>N 82,125.00</u> E/W <u>W 47,450.00</u> State NAD83 Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>26E</u> S <u>25W</u> SE Elevation Ground surface: <u>413.00-ft</u> Est.
Depth to water: _____ (Ground surface) _____		
DIAGRAMMATIC DECOMMISSIONING ACTIVITIES (Depths from ground surface)		
[1] Establish depth to bottom clean out  [2] Place grout from total depth to <u>3-ft</u> <i>over 16 in. of clean out</i>  [3] Place cement cap, brass marker, fill to grade <i>of 16 in.</i>	<p style="text-align: center;">DTB</p>	Elevation of reference point: (top of cement) [ <u>413.0-ft</u> ] Height of reference point above ground surface [ <u>0.0-ft</u> ]  Depth of surface seal [ <u>ND</u> ] No surface seal documented  4-ft square Wood lined cistern 0-4-ft  DTB= Depth to bottom: 4.0-ft
NOTE: Order of work to be determined by field conditions.		
Drawing By: <u>TJW/6N82W47 .PLN</u> Date : <u>21Jun95</u> Reference : <u>HANFORD WELLS</u>		

WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36</u>
Page 1 of 2	
<p>2. Has a need for use of the well been identified and documented? ( <u>No</u> ) <u>No potential user identified</u></p> <p>3. Is well presently in use? ( <u>No</u> ) <u>No use identified</u></p> <p>4. Is casing sealed in accordance with IAW WAC 173-160-075? ( <u>No</u> ) <u>No documented annular seal</u></p> <p>4a. Natural barriers preserved? ( <u>No</u> ) <u>Well terminates within upper sediments</u></p> <p>4b. Aquifer/strata penetrated permanently sealed? ( <u>No</u> ) <u>No seals documented</u></p> <p>4c. Annulus sealed against surface water? ( <u>No</u> ) <u>No surface seal documented</u></p> <p>4d. Casing overlap more than 8 ft; packed and grouted? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>5. If not in use, is well capped IAW WAC 173-160-085? ( <u>Yes</u> ) <u>Capped not locked</u></p> <p>6. Is design and construction IAW WAC 173-160-500? ( <u>No</u> ) <u>No annular seal</u></p> <p>6a. Saturated formation/aquifers not connected? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>6b. Cuttings/development water handled IAW WAC 173-303? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>6c. Well properly identified? ( <u>No</u> ) <u>No permanent identification</u></p> <p>7. Is surface protection IAW WAC 173-160-510? ( <u>No</u> ) <u>No surface seal documented</u></p> <p>7a. Well capped and protected? ( <u>No</u> ) <u>Capped, not locked</u></p> <p>7b. Protective posts, surface pad or cover installed? ( <u>No</u> ) <u>No posts or pad</u></p> <p>7c. Surface protection waived or variance obtained? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>7d. Is existing surface protection damaged? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>8. Are casing materials IAW 173-160-520? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>9a. Drill rig/equipment casing/screen cleaned? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>9b. Filter pack cleaned? Material compatible? ( <u>N/A</u> ) <u>Not applicable</u></p>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
<p>10. Does water sample from vertical screened interval represent horizontal stratigraphy? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>10a. Screened interval documented? ( <u>N/A</u> ) <u>Not applicable</u></p> <p>10b. Vertical lithology documented? ( <u>Yes</u> ) <u>Geologist log</u></p>	

WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36</u>																		
Page 2 of 2																			
<p>11. Is design and construction IAW WAC 173-160-540?</p> <p>[ <u>N/A</u> ] <u>Not applicable</u></p> <p>11a. Screen commercially fabricated of material nonreactive to subsurface conditions?</p> <p>[ <u>N/A</u> ] <u>Not applicable</u></p> <p>11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.</p> <p>[ <u>N/A</u> ] <u>Not applicable</u></p> <p>11c. Well has been developed.</p> <p>[ <u>N/A</u> ] <u>Not applicable</u></p> <p>11d. Annulus grouted with bentonite or bentonite/cement mixture.</p> <p>[ <u>N/A</u> ] <u>Not applicable</u></p> <p>12. Does water sample meet established acceptance criteria? Sample is less than 5 NTU and sand free.</p> <p>[ <u>N/A</u> ] <u>Not applicable</u></p> <p>13. Data Sources Used:</p> <p>Logs:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 40%;">Driller's: _____</td> <td style="width: 20%;">Date: _____</td> <td style="width: 40%;">Company: _____</td> </tr> <tr> <td>Geologist: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> <tr> <td>Geophysical: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> <tr> <td>Television: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> </table> <p>Publications: Title, Author, Date</p> <p><u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u></p> <p>Databases:</p> <p><u>WHC Well Services</u></p> <p>Field Check: <u>Well Services</u> Date: <u>05/10/95</u> Company: <u>WHC</u></p> <p>Other:</p> <p>_____</p> <p>_____</p> <p>_____</p>		Driller's: _____	Date: _____	Company: _____	Geologist: _____	Date: _____	Company: _____	Geophysical: _____	Date: _____	Company: _____	Television: _____	Date: _____	Company: _____						
Driller's: _____	Date: _____	Company: _____																	
Geologist: _____	Date: _____	Company: _____																	
Geophysical: _____	Date: _____	Company: _____																	
Television: _____	Date: _____	Company: _____																	
<p>14. Comments: Identify evaluation criteria addressed by number:</p> <p>_____</p>																			
<p>15. Status</p> <table style="width:100%; border: none;"> <tr> <td style="width: 40%;">Well is acceptable for intended use</td> <td style="width: 10%;">[ <u>No</u> ]</td> <td style="width: 50%;"><u>Well lacks seals</u></td> </tr> <tr> <td>Well is acceptable for intended use if variance is granted</td> <td>[ <u>N/A</u> ]</td> <td><u>Not applicable</u></td> </tr> <tr> <td>Rehabilitation required to continue intended use</td> <td>[ <u>No</u> ]</td> <td><u>Not applicable</u></td> </tr> <tr> <td>Remediation required to achieve intended use</td> <td>[ <u>No</u> ]</td> <td><u>Well has no identified user</u></td> </tr> <tr> <td>Decommission, well is unneeded or cannot be remediated</td> <td>[ <u>Yes</u> ]</td> <td><u>well has no identified need</u></td> </tr> <tr> <td>Other</td> <td>[ _____ ]</td> <td>_____</td> </tr> </table>		Well is acceptable for intended use	[ <u>No</u> ]	<u>Well lacks seals</u>	Well is acceptable for intended use if variance is granted	[ <u>N/A</u> ]	<u>Not applicable</u>	Rehabilitation required to continue intended use	[ <u>No</u> ]	<u>Not applicable</u>	Remediation required to achieve intended use	[ <u>No</u> ]	<u>Well has no identified user</u>	Decommission, well is unneeded or cannot be remediated	[ <u>Yes</u> ]	<u>well has no identified need</u>	Other	[ _____ ]	_____
Well is acceptable for intended use	[ <u>No</u> ]	<u>Well lacks seals</u>																	
Well is acceptable for intended use if variance is granted	[ <u>N/A</u> ]	<u>Not applicable</u>																	
Rehabilitation required to continue intended use	[ <u>No</u> ]	<u>Not applicable</u>																	
Remediation required to achieve intended use	[ <u>No</u> ]	<u>Well has no identified user</u>																	
Decommission, well is unneeded or cannot be remediated	[ <u>Yes</u> ]	<u>well has no identified need</u>																	
Other	[ _____ ]	_____																	
<p>16. Status Recommendation</p> <p>Done By: Name: <u>T. J. Wood</u> Title: <u>Senior Engineer</u> Date: <u>06/30/95</u></p>																			

WHC-SD-EN-AP-161, Rev 0, Appendix F

WELL CONSTRUCTION AND COMPLETION SUMMARY					
Drilling Method: <u>Cable tool nom.</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Not documented</u> Date Complete: <u>No documented</u>	WELL NUMBER: <u>699-83-36</u> TEMPORARY A5340 WELL NO: _____ Hanford State Coordinates: N/S <u>N 83,000</u> E/W <u>W 36,000</u> State Start Coordinates: N _____ E _____ Card #: <u>Not documented</u> T <u>14</u> R <u>27E</u> S <u>29</u> Elevation Ground surface: <u>415.93-ft</u>			
Depth to water: <u>38.7-ft</u> 10May95 (Ground surface)  GENERALIZED STRATIGRAPHY: Not Documented  No log available		Elevation of reference point: [ <u>419.83-ft</u> ] (top of casing) Height of reference point above top of cement block: [ <u>2.70-ft</u> ]  Depth of surface seal: [ <u>ND</u> ] no surface seal documented: 13-in nominal hole, <u>0-4-ft</u> Hole diameter, 12-in ID galvanized steel <u>+2.70-44-ft</u> culvert.  Borehole drilled depth: [ <u>44.0-ft</u> ]  DTB=Depth to bottom, <u>43.5-ft</u> 10May95			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Drawing By: <u>JWV/6183WS6 .ASB</u></td> </tr> <tr> <td style="padding: 5px;">Date: <u>27-Jun95</u></td> </tr> <tr> <td style="padding: 5px;">Reference: <u>HANFORD WELLS</u></td> </tr> </table>			Drawing By: <u>JWV/6183WS6 .ASB</u>	Date: <u>27-Jun95</u>	Reference: <u>HANFORD WELLS</u>
Drawing By: <u>JWV/6183WS6 .ASB</u>					
Date: <u>27-Jun95</u>					
Reference: <u>HANFORD WELLS</u>					

WHC-SD-EN-AP-161, Rev 0, Appendix F

DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
<p>Drilling Method: <u>Cable tool nom.</u></p> <p>Drilling Fluid Used: <u>Not documented</u></p> <p>Driller's Name: <u>Not documented</u></p> <p>Drilling Company: <u>Not documented</u></p> <p>Date Started: <u>Not documented</u></p>	<p>Sample Method: <u>Not documented</u></p> <p>Additives Used: <u>Not documented</u></p> <p>WA State Lic Nr: <u>Not documented</u></p> <p>Company Location: <u>Not documented</u></p> <p>Date Complete: <u>Not documented</u></p>	<p>WELL NUMBER: <u>699-83-36</u>    <u>A5340</u>    TEMPORARY WELL NO: _____</p> <p>Hanford State Coordinates: N/S <u>N 83,000</u>    E/W <u>W 36,000</u></p> <p>State Coordinates: N _____    E _____</p> <p>Start Card #: <u>Not documented</u>    T <u>14</u>    R <u>27E</u>    S <u>29</u></p> <p>Elevation Ground surface: <u>415.93-ft</u></p>
<p>Depth to water: <u>Not documented</u> (Ground surface) <u>38.7-ft 10May95</u></p> <p>DIAGRAMMATIC DECOMMISSIONING ACTIVITIES (Depths from ground surface)</p>		
<p>[1] Establish depth to bottom clean out</p> <p>[2] Perforate casing 3"=44.0-ft</p> <p>[3] Place grout from 44"=3.0-ft</p> <p>[4] Remove cement block and cut casing at <u>3.0-ft surface</u> <i>DEW 6/10/95</i></p> <p>[5] Place cement cap 3.0-ft to surface, set brass marker fill to grade <i>DEW 6/10/95</i></p> <p>NOTE: Order of work to be determined by field conditions.</p>		<p>Elevation of reference point: <u>[419.83-ft]</u> (top of casing)</p> <p>Height of reference point above <u>[2.70-ft]</u> top of cement block</p> <p>Depth of surface seal <u>[ ND ]</u> no surface seal documented:</p> <p>13-in nominal hole, <u>0"=44-ft</u> Hole diameter,</p> <p>12-in ID galvanized steel <u>+2.70"=44-ft</u> culvert.</p> <p>Borehole drilled depth: <u>[ 44.0-ft ]</u></p> <p>DTB=Depth to bottom, <u>43.5-ft 10May95</u></p>
<p>Drawing By: <u>TJW/6N83W36 .PLN</u> Date : <u>27Jun95</u> Reference : <u>HANFORD WELLS</u></p>		

WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36B</u>  Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No potential user identified</u>	
3. Is well presently in use? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-075? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No documented annular seal</u>	
4a. Natural barriers preserved? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No seals documented</u>	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-085? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not capped</u>	
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No annular seal</u>	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
6c. Well properly identified? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-510? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>	
7a. Well capped and protected? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not capped or protected</u>	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
8. Are casing materials IAW 173-160-520? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>	
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not documented</u>	

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36B</u>
	Page 2 of 2

11. Is design and construction IAW WAC 173-160-5407  
 N/A  Not applicable

11a. Screen commercially fabricated of material nonreactive to subsurface conditions?  
 N/A  Not applicable

11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.  
 N/A  Not applicable

11c. Well has been developed.  
 N/A  Not applicable

11d. Annulus grouted with bentonite or bentonite/cement mixture.  
 N/A  Not applicable

12. Does water sample meet established acceptance criteria?  
 Sample is less than 5 NTU and sand free.  
 N/A  Not applicable

13. Data Sources Used:

Logs:

Driller's: <u>Not documented</u>	Date: _____	Company: _____
Geologist: _____	Date: _____	Company: _____
Geophysical: _____	Date: _____	Company: _____
Television: _____	Date: _____	Company: _____

Publications: Title, Author, Date  
HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993

Databases:  
WHC Well Services

Field Check: Well Services Date: 05/10/95 Company: WHC

Other:  
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14. Comments: Identify evaluation criteria addressed by number:  
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15. Status

Well is acceptable for intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Not applicable</u>
Rehabilitation required to continue intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Not applicable</u>
Remediation required to achieve intended use	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	<input type="checkbox"/> <u>Yes</u>	<input type="checkbox"/> <u>well has no identified need</u>
Other <u>Extreme safety hazard</u>	<input type="checkbox"/> _____	<input type="checkbox"/> <u>open top pit</u>

16. Status Recommendation  
 Done By: Name: T. J. Wood Title: Senior Engineer Date: 06/30/95

WHC-SD-EN-AP-161, Rev 0, Appendix F

WELL CONSTRUCTION AND COMPLETION SUMMARY																			
Drilling Method: <u>Dug</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-83-36B B2475</u> TEMPORARY WELL NO: _____ Hanford Coordinates: N/S <u>N 83,350.00</u> E/W <u>W 36,125.00</u> State NAD83 Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u> SW Elevation Ground surface: <u>418.00-ft Est.</u>																	
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WHC-SD-EN-AP-161, Rev 0, Appendix F

DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
Drilling Method: <u>Dug</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-83-36B</u> <u>B2475</u> TEMPORARY WELL NO: _____ Hanford Coordinates: N/S <u>N 83,350.00</u> E/W <u>W 36,125.00</u> State NAD83 Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u> SW Elevation Ground surface: <u>418.00-ft Est.</u>
Depth to water: _____ (Ground surface) _____		
DIAGRAMMATIC DECOMMISSIONING ACTIVITIES (Depths from ground surface)		
<ol style="list-style-type: none"> <li>[1] Establish depth to bottom, clean out</li> <li>[2] Place <del>cement</del> <sup>grout</sup> from <del>33.5</del> <sup>33.5</sup> <del>3</del> <sup>3</sup>-ft.</li> <li>[3] Place cement cap from 3-ft to surface, set brass marker, fill to grade</li> </ol> <p>NOTE: Order of work to be determined by field conditions.</p>		Elevation of reference point: (top of cement) [ <u>418.0-ft</u> ] Height of reference point above ground surface [ <u>0.00-ft</u> ] Depth of surface seal [ <u>ND</u> ] No surface seal documented 5-ft Round cement lined cistern: 0.0 $\approx$ 33.5-ft DTB= Depth to bottom: 33.5-ft 10May95
Drawing By: <u>TJW/6N83W36B.PLN</u> Date: <u>21Jun95</u> Reference: <u>HANFORD WELLS</u>		

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36C</u>
	Page 1 of 2
<p>2. Has a need for use of the well been identified and documented?  <input type="checkbox"/> <u>No</u> ) <u>No potential user identified</u></p> <p>3. Is well presently in use?  <input type="checkbox"/> <u>No</u> ) <u>No use identified</u></p> <p>4. Is casing sealed in accordance with IAW WAC 173-160-075?  <input type="checkbox"/> <u>No</u> ) <u>No documentation of annular seal</u></p> <p>4a. Natural barriers preserved?  <input type="checkbox"/> <u>N/A</u> ) <u>Well terminates within upper sediments</u></p> <p>4b. Aquifer/strata penetrated permanently sealed?  <input type="checkbox"/> <u>No</u> ) <u>No seals documented</u></p> <p>4c. Annulus sealed against surface water?  <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u></p> <p>4d. Casing overlap more than 8 ft; packed and grouted?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>5. If not in use, is well capped IAW WAC 173-160-085?  <input type="checkbox"/> <u>No</u> ) <u>Open top, welded flange</u></p> <p>6. Is design and construction IAW WAC 173-160-500?  <input type="checkbox"/> <u>No</u> ) <u>No annular seal documented</u></p> <p>6a. Saturated formation/aquifers not connected?  <input type="checkbox"/> <u>N/A</u> ) <u>Upper sediment colum</u></p> <p>6b. Cuttings/development water handled IAW WAC 173-303?  <input type="checkbox"/> <u>N/A</u> ) <u>Drilled before applicable date of WAC 173-303</u></p> <p>6c. Well properly identified?  <input type="checkbox"/> <u>No</u> ) <u>NO permanant identification</u></p> <p>7. Is surface protection IAW WAC 173-160-510?  <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u></p> <p>7a. Well capped and protected?  <input type="checkbox"/> <u>No</u> ) <u>Open top no protection</u></p> <p>7b. Protective posts, surface pad or cover installed?  <input type="checkbox"/> <u>NO</u> ) <u>Concrete pedistal</u></p> <p>7c. Surface protection waived or variance obtained?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>7d. Is existing surface protection damaged?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>8. Are casing materials IAW 173-160-520?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9a. Drill rig/equipment casing/screen cleaned?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9b. Filter pack cleaned? Material compatible?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
<p>10. Does water sample from vertical screened interval represent horizontal stratigraphy?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>10a. Screened interval documented?  <input type="checkbox"/> <u>No</u> ) <u>Not documented</u></p> <p>10b. Vertical lithology documented?  <input type="checkbox"/> <u>No</u> ) <u>Not documented</u></p>	

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36C</u>
Page 2 of 2	

11. Is design and construction IAW WAC 173-160-5407  
 N/A  Not applicable

11a. Screen commercially fabricated of material nonreactive to subsurface conditions?  
 N/A  Not applicable

11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.  
 N/A  Not applicable

11c. Well has been developed.  
 N/A  Not applicable

11d. Annulus grouted with bentonite or bentonite/cement mixture.  
 N/A  Not applicable

12. Does water sample meet established acceptance criteria?  
 Sample is less than 5 NTU and sand free.  
 N/A  Not applicable

13. Data Sources Used:

Logs:

Driller's: Not documented Date: \_\_\_\_\_ Company: \_\_\_\_\_

Geologist: \_\_\_\_\_ Date: \_\_\_\_\_ Company: \_\_\_\_\_

Geophysical: \_\_\_\_\_ Date: \_\_\_\_\_ Company: \_\_\_\_\_

Television: \_\_\_\_\_ Date: \_\_\_\_\_ Company: \_\_\_\_\_

Publications: Title, Author, Date  
HANFORD WELLS, M.A. Chamness and J. K. Merz, August 1993

Databases:  
WHC Well Services

Field Check: WHC Well Services Date: 05/10/95 Company: WHC

Other: \_\_\_\_\_

---

14. Comments: Identify evaluation criteria addressed by number:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Status

Well is acceptable for intended use  No  Well lacks seals

Well is acceptable for intended use if variance is granted  N/A  Not applicable

Rehabilitation required to continue intended use  No  Not applicable

Remediation required to achieve intended use  No  Well has no identified user

Decommission, well is unneeded or cannot be remediated  Yes  Well has no identified need

Other: \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

16. Status Recommendation  
 Done By: Name: T. J. Wood Title: Senior Engineer Date: 06/30/95

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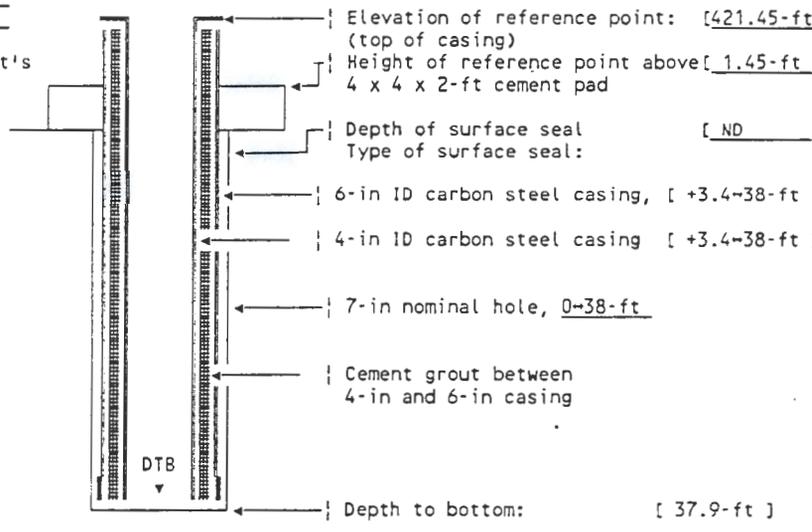
WELL CONSTRUCTION AND COMPLETION SUMMARY

Drilling Method: <u>Cable tool</u>	Sample Method: <u>Not documented</u>	WELL NUMBER: <u>699-83-36C</u>	TEMPORARY WELL NO: <u>B2472</u>
Drilling Fluid Used: <u>Not documented</u>	Additives Used: <u>Not documented</u>	Hanford	
Driller's Name: <u>Not documented</u>	WA State Lic Nr: <u>Not documented</u>	Coordinates: N/S <u>N 83,355</u> E/W <u>W 36,130</u>	
Drilling Company: <u>Not documented</u>	Company: <u>Pasco, WA</u>	State	
Company: <u>Not documented</u>	Location: <u>Not documented</u>	Coordinates: N _____ E _____	
Date	Date	Start	
Started: <u>Not documented</u>	Complete: <u>Not documented</u>	Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SWSW</u>	
		Elevation	
		Ground surface: <u>418.0-ft Estimated</u>	

Depth to water: 29.10-ft 10May95  
(Ground surface) \_\_\_\_\_

GENERALIZED Driller/Geologist's  
STRATIGRAPHY Log

0-38.0-ft Not documented



Drawing By: TJW/6N83W36C.ASB  
Date : 22Jun95  
Reference : HANFORD WELLS

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DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
Drilling Method: <u>Cable tool</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Not documented</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-83-36C B2472</u> WELL NO: _____ Hanford Coordinates: N/S <u>N 83,355</u> E/W <u>W 36,130</u> State Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u> Elevation Ground surface: <u>418.0-ft Estimated</u>
Depth to water: <u>29.10-ft 10May95</u> (Ground surface) _____		
<b>DIAGRAMMATIC DECOMMISSIONING ACTIVITIES</b> (Depths from ground surface)		
[1] Establish depth to bottom clean out [2] Perforate borehole from 38+3.0-ft [3] Place grout from 38+3.0-ft [4] Remove cement pad, cut casing at 3-0-ft [5] Place cement cap, set brass marker, fill to grade	<p>The diagram shows a vertical well casing with various sections. From top to bottom: a 4x4x2-ft cement pad, a 6-in ID carbon steel casing section, a 4-in ID carbon steel casing section, a 7-in nominal hole section, and a cement grout section between the 4-in and 6-in casings. The bottom of the well is marked with a depth to bottom of 37.9-ft. Five numbered callouts [1] through [5] indicate the sequence of decommissioning activities: [1] at the bottom, [2] at the 38+3.0-ft depth, [3] at the 38+3.0-ft depth, [4] at the 3-0-ft depth, and [5] at the surface.</p>	Elevation of reference point: [421.45-ft] (top of casing) Height of reference point above [1.45-ft] 4 x 4 x 2-ft cement pad Depth of surface seal [ND] Type of surface seal: 6-in ID carbon steel casing, [ +3.4+38-ft ] 4-in ID carbon steel casing [ +3.4+38-ft ] 7-in nominal hole, 0+38-ft Cement grout between 4-in and 6-in casing Depth to bottom: [ 37.9-ft ]
NOTE: Order of work to be determined by field conditions.		
Drawing By: <u>TJW/6N83W36C.PLN</u> Date : <u>23Jun95</u> Reference : <u>HANFORD WELLS</u>		

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36D</u>
	Page 1 of 2

2. Has a need for use of the well been identified and documented?  
 No ) No potential user identified

3. Is well presently in use?  
 No ) No use identified

4. Is casing sealed in accordance with IAW WAC 173-160-075?  
 No ) No documentation of annular seal

4a. Natural barriers preserved?  
 N/A ) Well terminates within upper sediments

4b. Aquifer/strata penetrated permanently sealed?  
 No ) No seals documented

4c. Annulus sealed against surface water?  
 No ) No surface seal documented

4d. Casing overlap more than 8 ft; packed and grouted?  
 N/A ) Not applicable

5. If not in use, is well capped IAW WAC 173-160-085?  
 No ) Open top, welded flange

6. Is design and construction IAW WAC 173-160-500?  
 No ) No annular seal documented

6a. Saturated formation/aquifers not connected?  
 N/A ) Upper sediment colum

6b. Cuttings/development water handled IAW WAC 173-303?  
 N/A ) Drilled before applicable date of WAC 173-303

6c. Well properly identified?  
 No ) NO permanant identification

7. Is surface protection IAW WAC 173-160-510?  
 No ) No surface seal documented

7a. Well capped and protected?  
 No ) Open top no protection

7b. Protective posts, surface pad or cover installed?  
 NO ) Concrete pedistal

7c. Surface protection waived or variance obtained?  
 N/A ) Not applicable

7d. Is existing surface protection damaged?  
 N/A ) Not applicable

8. Are casing materials IAW 173-160-520?  
 N/A ) Not applicable

9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  
 N/A ) Not applicable

9a. Drill rig/equipment casing/screen cleaned?  
 N/A ) Not applicable

9b. Filter pack cleaned? Material compatible?  
 N/A ) Not applicable

---

RCRA/CERCLA MONITORING WELL?

10. Does water sample from vertical screened interval represent horizontal stratigraphy?  
 N/A ) Not applicable

10a. Screened interval documented?  
 No ) Not documented

10b. Vertical lithology documented?  
 No ) Not documented



WHC-SD-EN-AP-161, Rev 0, Appendix F

WELL CONSTRUCTION AND COMPLETION SUMMARY					
Drilling Method: <u>Cable tool</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Not documented</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-83-36D 82473</u> TEMPORARY WELL NO: _____ Hanford Coordinates: N/S <u>N 83,344</u> E/W <u>W 36,120</u> State Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SWSW</u> Elevation Ground surface: <u>418.0-ft Estimated</u>			
Depth to water: <u>28.36-ft</u> 10May95 (Ground surface) _____  GENERALIZED STRATIGRAPHY     Driller/Geologist's Log  0-37.25-ft Not documented	<p>The diagram is a vertical cross-section of a well. It shows a 7-inch nominal hole at the top. Below this, there is a 4-inch ID carbon steel casing from +3.9 to 37.25 feet. Inside this, there is a 6-inch ID carbon steel casing from +3.9 to 37.25 feet. A 4x4x2-foot cement pad is located at the top of the casing. A surface seal is present at the top of the casing, with a depth of 'ND'. Cement grout is shown between the 4-inch and 6-inch casings. The depth to the bottom (DTB) is marked as 37.25 feet. The elevation of the reference point (top of casing) is 421.90 feet, and the height of the reference point above the cement pad is 1.90 feet.</p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Drawing By: <u>TJW/6N83W36D.ASB</u></td> </tr> <tr> <td>Date: <u>22Jun95</u></td> </tr> <tr> <td>Reference: <u>HANFORD WELLS</u></td> </tr> </table>			Drawing By: <u>TJW/6N83W36D.ASB</u>	Date: <u>22Jun95</u>	Reference: <u>HANFORD WELLS</u>
Drawing By: <u>TJW/6N83W36D.ASB</u>					
Date: <u>22Jun95</u>					
Reference: <u>HANFORD WELLS</u>					

WHC-SD-EN-AP-161, Rev 0, Appendix F

DIAGRAMMATIC WELL DECOMMISSIONING PROCESS			
<p>Drilling Method: <u>Cable tool</u></p> <p>Drilling Fluid Used: <u>Not documented</u></p> <p>Driller's Name: <u>Not documented</u></p> <p>Drilling Company: <u>Not documented</u></p> <p>Date Started: <u>Not documented</u></p>	<p>Sample Method: <u>Not documented</u></p> <p>Additives Used: <u>Not documented</u></p> <p>WA State Lic Nr: <u>Not documented</u></p> <p>Company Location: <u>Not documented</u></p> <p>Date Complete: <u>Not documented</u></p>	<p>WELL NUMBER: <u>699-83-36D</u> TEMPORARY <u>B2473</u> WELL NO: _____</p> <p>Hanford</p> <p>Coordinates: N/S <u>N 83,344</u> E/W <u>W 36,120</u></p> <p>State _____</p> <p>Coordinates: N _____ E _____</p> <p>Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u>SW</p> <p>Elevation _____</p> <p>Ground surface: <u>418.0-ft Estimated</u></p>	
<p>Depth to water: <u>28.36-ft</u> <u>10May95</u> (Ground surface) _____</p>			
<p style="text-align: center;">DIAGRAMMATIC DECOMMISSIONING ACTIVITIES (Depths from ground surface)</p>			
<p>[1] Establish depth to bottom clean out</p> <p>[2] Perforate borehole from 37±3.0-ft</p> <p>[3] Place grout from 37±3.0-ft</p> <p>[4] <del>Remove cement pad, cut casing at 3.0-ft surface</del> <i>bet 07/02/95</i></p> <p>[5] <del>Place cement cap, set brass marker, fill to grade</del> <i>08/07/95</i></p>	<p>The diagram shows a vertical well casing with several sections. From top to bottom: a 4x4x2-ft cement pad, a 6-in ID carbon steel casing section (+3.9±37.25-ft), a 4-in ID carbon steel casing section (+3.9±37.25-ft), a 7-in nominal hole section (0±38-ft), and a cement grout section between the 4-in and 6-in casings. The total depth to the bottom is 37.25-ft. Handwritten annotations [1] through [5] are placed along the casing to indicate specific activities. A surface seal is shown at the top of the casing, with a depth of ND (Not Documented).</p>	<p>Elevation of reference point: <u>[421.90-ft]</u> (top of casing)</p> <p>Height of reference point above <u>[1.90-ft]</u> 4 x 4 x 2-ft cement pad</p> <p>Depth of surface seal <u>[ ND ]</u> Type of surface seal: _____</p> <p>6-in ID carbon steel casing, <u>[+3.9±37.25-ft]</u></p> <p>4-in ID carbon steel casing <u>[+3.9±37.25-ft]</u></p> <p>7-in nominal hole, <u>0±38-ft</u></p> <p>Cement grout between 4-in and 6-in casing</p> <p>Depth to bottom: <u>[ 37.25-ft ]</u></p>	
<p>NOTE: Order of work to be determined by field conditions.</p>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">                 Drawing By: <u>TJW/6N83W36D.PLN</u>                  Date : <u>23Jun95</u>                  Reference : <u>HANFORD WELLS</u> </td> </tr> </table>			Drawing By: <u>TJW/6N83W36D.PLN</u> Date : <u>23Jun95</u> Reference : <u>HANFORD WELLS</u>
Drawing By: <u>TJW/6N83W36D.PLN</u> Date : <u>23Jun95</u> Reference : <u>HANFORD WELLS</u>			

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36E</u>
	Page 1 of 2
<p>2. Has a need for use of the well been identified and documented?  <input type="checkbox"/> <u>No</u> ) <u>No potential user identified</u></p> <p>3. Is well presently in use?  <input type="checkbox"/> <u>No</u> ) <u>No use identified</u></p> <p>4. Is casing sealed in accordance with IAW WAC 173-160-075?  <input type="checkbox"/> <u>No</u> ) <u>No documentation of annular seal</u></p> <p>4a. Natural barriers preserved?  <input type="checkbox"/> <u>N/A</u> ) <u>Well terminates within upper sediments</u></p> <p>4b. Aquifer/strata penetrated permanently sealed?  <input type="checkbox"/> <u>No</u> ) <u>No seals documented</u></p> <p>4c. Annulus sealed against surface water?  <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u></p> <p>4d. Casing overlap more than 8 ft, packed and grouted?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>5. If not in use, is well capped IAW WAC 173-160-085?  <input type="checkbox"/> <u>No</u> ) <u>Open top, welded flange</u></p> <p>6. Is design and construction IAW WAC 173-160-500?  <input type="checkbox"/> <u>No</u> ) <u>No annular seal documented</u></p> <p>6a. Saturated formation/aquifers not connected?  <input type="checkbox"/> <u>N/A</u> ) <u>Upper sediment colum</u></p> <p>6b. Cuttings/development water handled IAW WAC 173-303?  <input type="checkbox"/> <u>N/A</u> ) <u>Drilled before applicable date of WAC 173-303</u></p> <p>6c. Well properly identified?  <input type="checkbox"/> <u>No</u> ) <u>NO permanant identification</u></p> <p>7. Is surface protection IAW WAC 173-160-510?  <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u></p> <p>7a. Well capped and protected?  <input type="checkbox"/> <u>No</u> ) <u>Open top no protection</u></p> <p>7b. Protective posts, surface pad or cover installed?  <input type="checkbox"/> <u>NO</u> ) <u>Concrete pedistal</u></p> <p>7c. Surface protection waived or variance obtained?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>7d. Is existing surface protection damaged?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>8. Are casing materials IAW 173-160-520?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9a. Drill rig/equipment casing/screen cleaned?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>9b. Filter pack cleaned? Material compatible?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
<p>10. Does water sample from vertical screened interval represent horizontal stratigraphy?  <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u></p> <p>10a. Screened interval documented?  <input type="checkbox"/> <u>No</u> ) <u>Not documented</u></p> <p>10b. Vertical lithology documented?  <input type="checkbox"/> <u>No</u> ) <u>Not documented</u></p>	



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WELL CONSTRUCTION AND COMPLETION SUMMARY		
<p>Drilling Method: <u>Cable tool</u></p> <p>Drilling Fluid Used: <u>Not documented</u></p> <p>Driller's Name: <u>Not documented</u></p> <p>Drilling Company: <u>Not documented</u></p> <p>Date Started: <u>Not documented</u></p>	<p>Sample Method: <u>Not documented</u></p> <p>Additives Used: <u>Not documented</u></p> <p>WA State Lic Nr: <u>Not documented</u></p> <p>Company Location: <u>Not documented</u></p> <p>Date Complete: <u>Not documented</u></p>	<p>WELL NUMBER: <u>699-83-36E 82474</u> TEMPORARY WELL NO: _____</p> <p>Hanford</p> <p>Coordinates: N/S <u>N 83,358</u> E/W <u>W 36,125</u></p> <p>State</p> <p>Coordinates: N _____ E _____</p> <p>Start</p> <p>Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u>SW</p> <p>Elevation</p> <p>Ground surface: <u>418.0-ft Estimated</u></p>
<p>Depth to water: <u>30.28-ft</u> 10May95 (Ground surface) _____</p> <p>GENERALIZED STRATIGRAPHY     Driller/Geologist's Log</p> <p>0-37.25-ft Not documented</p>	<p>The diagram shows a vertical well casing structure. From top to bottom, it consists of:          - A 4 x 4 x 2-ft cement pad.          - A 6-in ID carbon steel casing section from +3.6 to +39.50 ft.          - A 4-in ID carbon steel casing section from +3.6 to +39.50 ft.          - A 7-in nominal hole section from 0 to 40 ft.          - Cement grout between the 4-in and 6-in casing sections.          - A depth to bottom (DTB) at 39.50 ft.</p>	
	<p>Elevation of reference point: [421.60-ft] (top of casing)</p> <p>Height of reference point above [1.60-ft] 4 x 4 x 2-ft cement pad</p> <p>Depth of surface seal [ND] Type of surface seal:</p> <p>6-in ID carbon steel casing, [+3.6-39.50-ft]</p> <p>4-in ID carbon steel casing [+3.6-39.50-ft]</p> <p>7-in nominal hole, 0-40-ft</p> <p>Cement grout between 4-in and 6-in casing</p> <p>Depth to bottom: [39.50-ft]</p>	
<p>Drawing By: <u>TJW/6N83W36E.ASB</u></p> <p>Date: <u>22Jun95</u></p> <p>Reference: <u>HANFORD WELLS</u></p>		

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DIAGRAMMATIC WELL DECOMMISSIONING PROCESS			
Drilling Method: <u>Cable tool</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Not documented</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-83-36E 82474</u> TEMPORARY WELL NO: _____ Hanford Coordinates: N/S <u>N 83,358</u> E/W <u>W 36,125</u> State Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SWSW</u> Elevation Ground surface: <u>418.0-ft Estimated</u>	
Depth to water: <u>30.20-ft 10May95</u> (Ground surface) _____			
<b>DIAGRAMMATIC DECOMMISSIONING ACTIVITIES</b> (Depths from ground surface)			
[1] Establish depth to bottom clean out [2] Perforate borehole from 39.50±3-ft [3] Place grout from 39.5±3-ft [4] <del>Remove cement pad, cut casing at 3.0-ft surface</del> <i>004 07/07/95</i> [5] Place cement cap, set brass marker, <del>fill to grade</del> <i>014 07/07/95</i>	<p>The diagram shows a vertical well casing with various sections. From top to bottom: a 4x4x2-ft cement pad, a 6-in ID carbon steel casing section (+3.6±39.50-ft), a 4-in ID carbon steel casing section (+3.6±39.50-ft), a 7-in nominal hole section (0±40-ft), and a cement grout section between the 4-in and 6-in casings. A surface seal is located at the top. Activity markers [1] through [5] are placed along the casing to indicate decommissioning steps. [1] is at the bottom, [2] is at the top of the 4-in casing, [3] is at the top of the 7-in hole, [4] is at the top of the 6-in casing, and [5] is at the top of the cement pad.</p>	Elevation of reference point: [421.60-ft] (top of casing) Height of reference point above [1.60-ft] 4 x 4 x 2-ft cement pad Depth of surface seal [ ND ] Type of surface seal: 6-in ID carbon steel casing, [+3.6±39.50-ft] 4-in ID carbon steel casing [+3.6±39.50-ft] 7-in nominal hole, 0±40-ft Cement grout between 4-in and 6-in casing Depth to bottom: [ 39.50-ft ]	
NOTE: Order of work to be determined by field conditions.			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">                             Drawing By: <u>TJW/6N83W36E.PLN</u>                              Date: <u>23 Jun 95</u>                              Reference: <u>HANFORD WELLS</u> </td> </tr> </table>			Drawing By: <u>TJW/6N83W36E.PLN</u> Date: <u>23 Jun 95</u> Reference: <u>HANFORD WELLS</u>
Drawing By: <u>TJW/6N83W36E.PLN</u> Date: <u>23 Jun 95</u> Reference: <u>HANFORD WELLS</u>			

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36F</u>  Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> ) <u>No potential user identified</u>	
3. Is well presently in use? <input type="checkbox"/> <u>No</u> ) <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-075? <input type="checkbox"/> <u>No</u> ) <u>No documented annular seal</u>	
4a. Natural barriers preserved? <input type="checkbox"/> <u>N/A</u> ) <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> ) <u>No seals documented</u>	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-085? <input type="checkbox"/> <u>No</u> ) <u>Not capped</u>	
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u> ) <u>No annularseal</u>	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
6c. Well properly identified? <input type="checkbox"/> <u>No</u> ) <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-510? <input type="checkbox"/> <u>No</u> ) <u>No surface seal documented</u>	
7a. Well capped and protected? <input type="checkbox"/> <u>No</u> ) <u>Not capped or protected</u>	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>No</u> ) <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
8. Are casing materials IAW 173-160-520? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>	
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> ) <u>Not documented</u>	

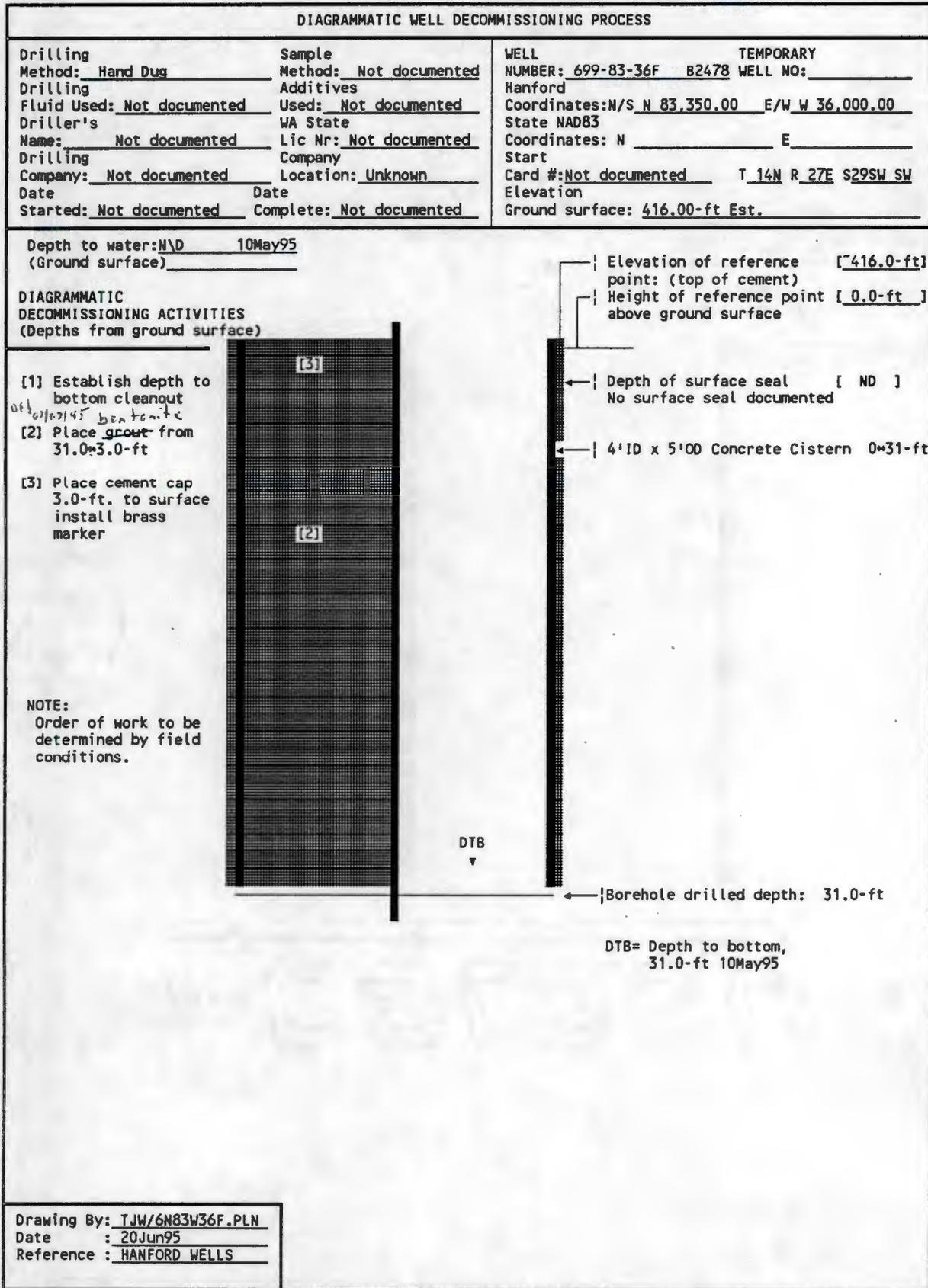
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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36F</u> Page 2 of 2
<p>11. Is design and construction IAW WAC 173-160-5407  <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u></p> <p>11a. Screen commercially fabricated of material nonreactive to subsurface conditions?  <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u></p> <p>11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.  <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u></p> <p>11c. Well has been developed.  <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u></p> <p>11d. Annulus grouted with bentonite or bentonite/cement mixture.  <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u></p> <p>12. Does water sample meet established acceptance criteria?          Sample is less than 5 NTU and sand free.  <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u></p> <p>13. Data Sources Used:          Logs:          Driller's: <u>Not documented</u> Date: _____ Company: _____          Geologist: _____ Date: _____ Company: _____          Geophysical: _____ Date: _____ Company: _____          Television: _____ Date: _____ Company: _____</p> <p>Publications: Title, Author, Date  <u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u></p> <p>Databases:  <u>WHC Well Services</u></p> <p>Field Check: <u>Well Services</u> Date: <u>05/10/95</u> Company: <u>WHC</u></p> <p>Other:          _____          _____</p>	
<p>14. Comments: Identify evaluation criteria addressed by number:          _____          _____          _____          _____          _____          _____          _____          _____          _____</p>	
<p>15. Status</p> <p>Well is acceptable for intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> <u>Well lacks seals</u></p> <p>Well is acceptable for intended use if variance is granted <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u></p> <p>Rehabilitation required to continue intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> <u>Not applicable</u></p> <p>Remediation required to achieve intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> <u>Well has no identified user</u></p> <p>Decommission, well is unneeded or cannot be remediated <input type="checkbox"/> <u>Yes</u> <input checked="" type="checkbox"/> <u>well has no identified need</u></p> <p>Other <u>Extreme safety hazard</u> <input type="checkbox"/> _____ <input checked="" type="checkbox"/> <u>open top pit</u></p>	
<p>16. Status Recommendation          Done By: Name: <u>T. J. Wood</u> Title: <u>Senior Engineer</u> Date: <u>06/30/95</u></p>	

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WELL CONSTRUCTION AND COMPLETION SUMMARY			
Drilling Method: <u>Hand Dug</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	Sample Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	WELL NUMBER: <u>699-83-36F B2478</u> WELL NO: _____ Hanford Coordinates: N/S <u>N 83,350.00</u> E/W <u>W 36,000.00</u> State <u>WAD83</u> Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u> SW Elevation Ground surface: <u>416.00-ft Est.</u>	
Depth to water: <u>N/D</u> <u>10May95</u> (Ground surface) _____			
GENERALIZED STRATIGRAPHY    No Documentation			
<p>0-31.0: Not documented</p>	<p>                         Elevation of reference point: (top of cement) [-416.0-ft]                          Height of reference point [0.0-ft] above ground surface                          Depth of surface seal [ND] No surface seal documented                          4'ID x 5'OD Concrete Cistern 0-31-ft                          Borehole drilled depth: 31.0-ft                          DTB= Depth to bottom, 31.0-ft 10May95                     </p>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">                             Drawing By: <u>TJW/6N83W35F.A:SB</u>                              Date : <u>20Jun95</u>                              Reference : <u>HANFORD WELLS</u> </td> </tr> </table>			Drawing By: <u>TJW/6N83W35F.A:SB</u> Date : <u>20Jun95</u> Reference : <u>HANFORD WELLS</u>
Drawing By: <u>TJW/6N83W35F.A:SB</u> Date : <u>20Jun95</u> Reference : <u>HANFORD WELLS</u>			

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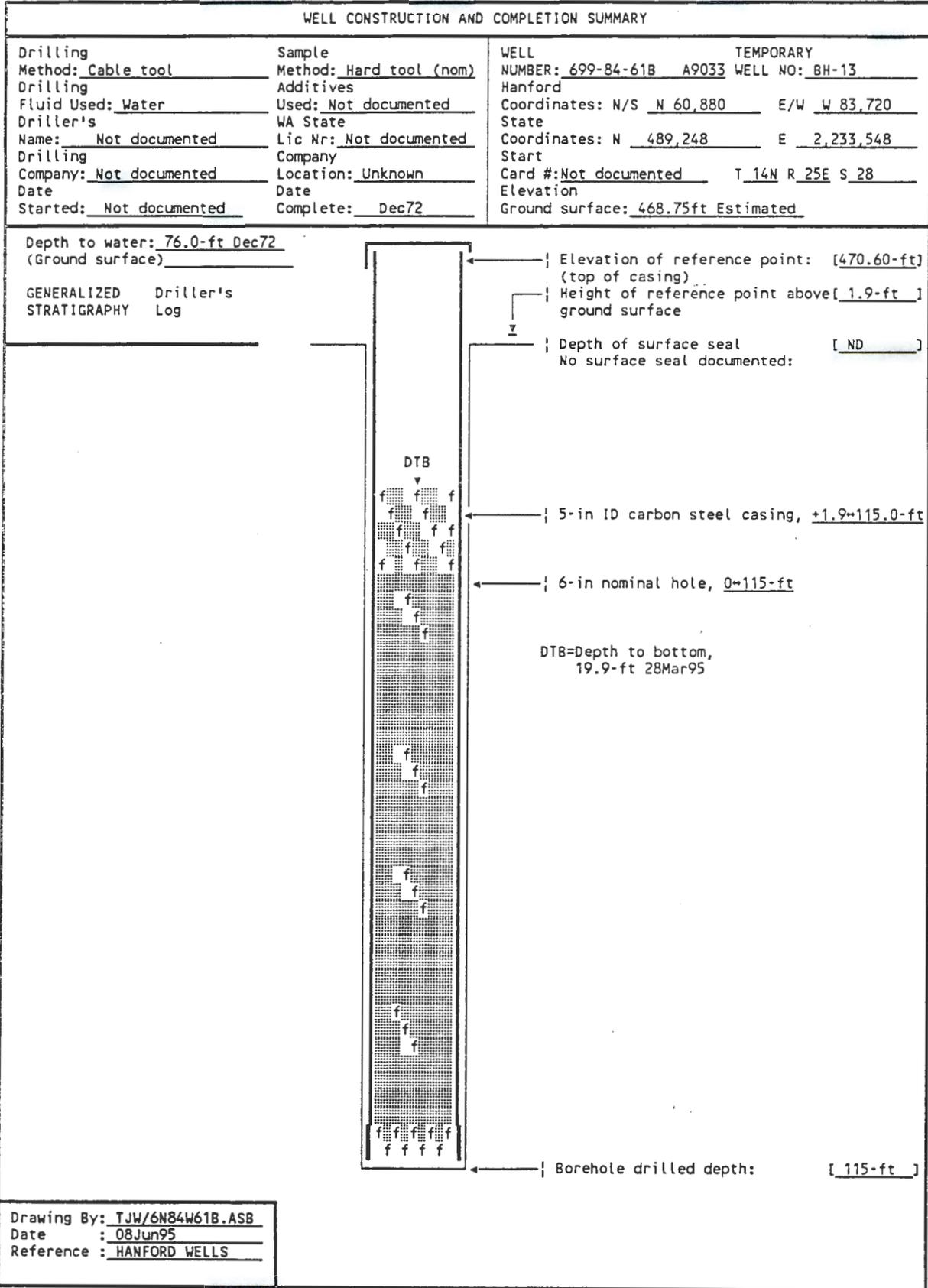


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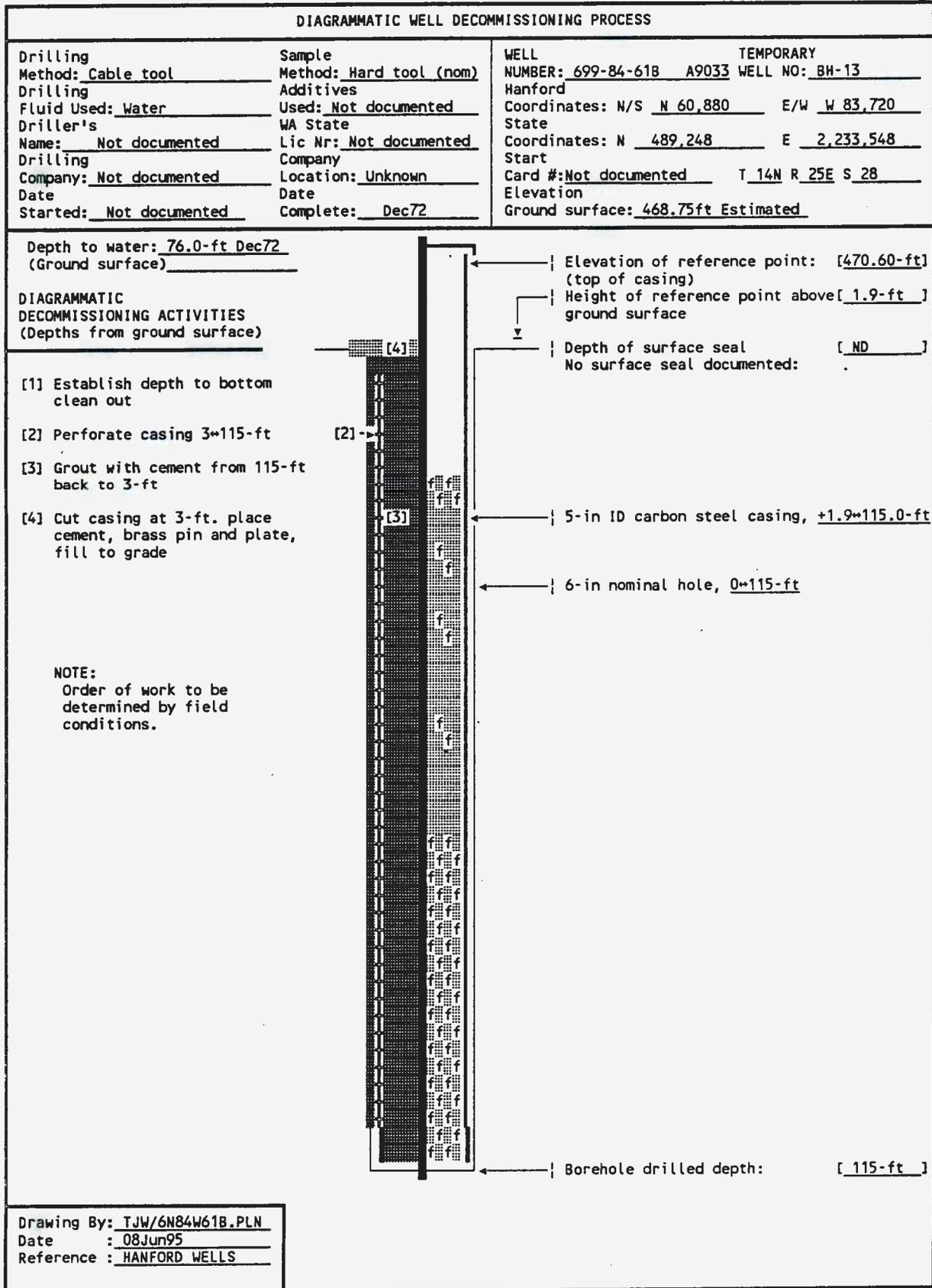
<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-84-61B</u>
	Page 1 of 2
<p>2. Has a need for use of the well been identified and documented?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No potential user identified</u></p> <p>3. Is well presently in use?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No use identified</u></p> <p>4. Is casing sealed in accordance with IAW WAC 173-160-075?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No documented annular seal</u></p> <p>4a. Natural barriers preserved?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Well terminates within upper sediments</u></p> <p>4b. Aquifer/strata penetrated permanently sealed?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No seals documented</u></p> <p>4c. Annulus sealed against surface water?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u></p> <p>4d. Casing overlap more than 8 ft; packed and grouted?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>5. If not in use, is well capped IAW WAC 173-160-085?  <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>Capped not locked</u></p> <p>6. Is design and construction IAW WAC 173-160-500?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No annular seal</u></p> <p>6a. Saturated formation/aquifers not connected?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>6b. Cuttings/development water handled IAW WAC 173-303?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>6c. Well properly identified?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No permanent identification</u></p> <p>7. Is surface protection IAW WAC 173-160-510?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surfaceseal documented</u></p> <p>7a. Well capped and protected?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Capped, not locked</u></p> <p>7b. Protective posts, surface pad or cover installed?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No posts or pad</u></p> <p>7c. Surface protection waived or variance obtained?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>7d. Is existing surface protection damaged?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>8. Are casing materials IAW 173-160-520?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>9a. Drill rig/equipment casing/screen cleaned?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>9b. Filter pack cleaned? Material compatible?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
<p>10. Does water sample from vertical screened interval represent horizontal stratigraphy?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>10a. Screened interval documented?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u></p> <p>10b. Vertical lithology documented?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not documented</u></p>	



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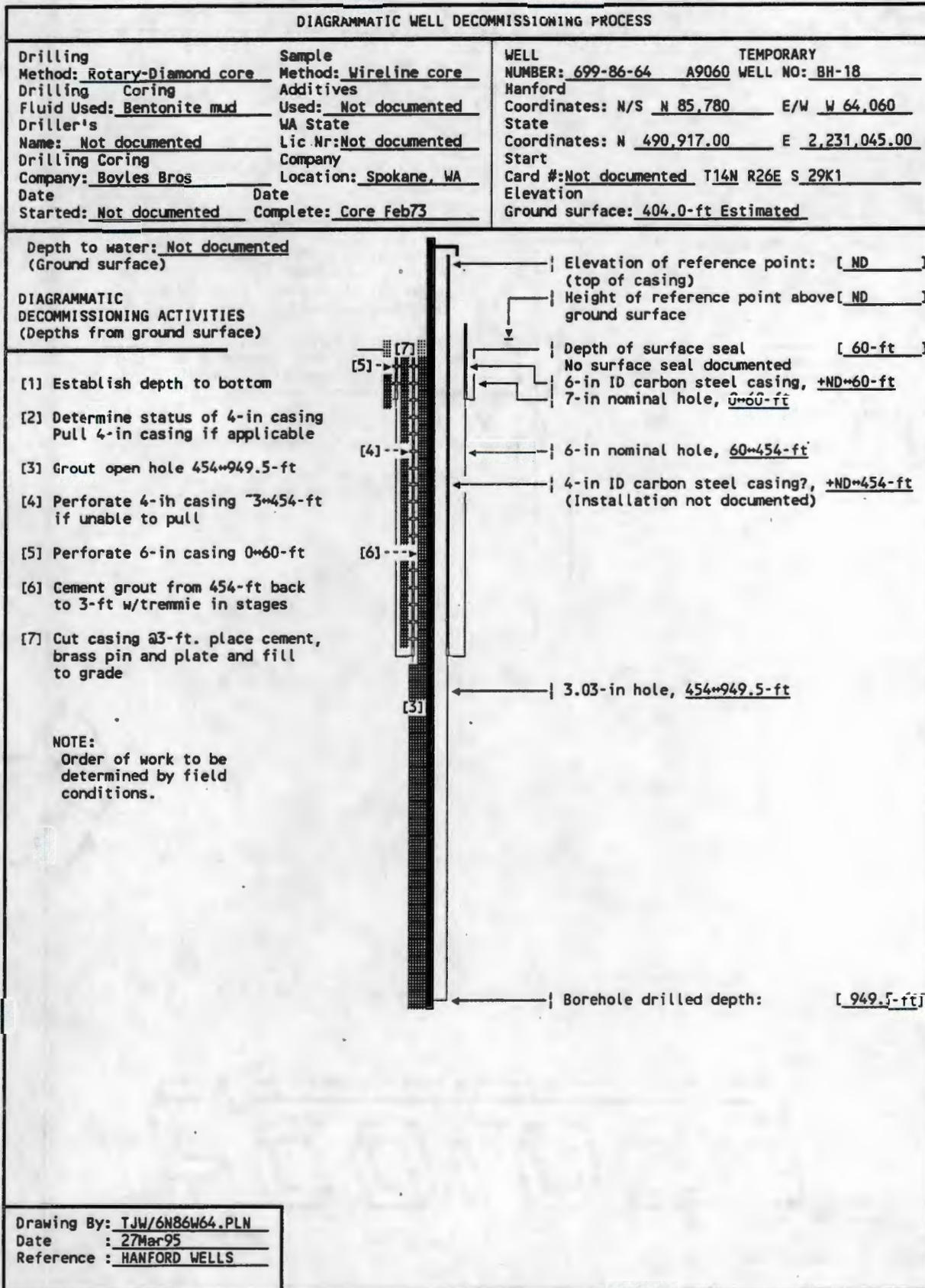
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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-86-64</u>
	Page 1 of 2
<p>2. Has a need for use of the well been identified and documented?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No potential user identified</p> <p>3. Is well presently in use?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No use identified</p> <p>4. Is casing sealed in accordance with IAW WAC 173-160-075?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No documented annular seal</p> <p>4a. Natural barriers preserved?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> Well terminates within unconfined aquifer</p> <p>4b. Aquifer/strata penetrated permanently sealed?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No seals documented</p> <p>4c. Annulus sealed against surface water?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No surface seal documented</p> <p>4d. Casing overlap more than 8 ft; packed and grouted?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>5. If not in use, is well capped IAW WAC 173-160-085?  <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> Capped not locked</p> <p>6. Is design and construction IAW WAC 173-160-500?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No annular seal</p> <p>6a. Saturated formation/aquifers not connected?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>6b. Cuttings/development water handled IAW WAC 173-303?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>6c. Well properly identified?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No permanent identification</p> <p>7. Is surface protection IAW WAC 173-160-510?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No surface seal documented</p> <p>7a. Well capped and protected?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No cap, not locked</p> <p>7b. Protective posts, surface pad or cover installed?  <input type="checkbox"/> <u>No</u> <input type="checkbox"/> No posts or pad</p> <p>7c. Surface protection waived or variance obtained?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>7d. Is existing surface protection damaged?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>8. Are casing materials IAW 173-160-520?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>9a. Drill rig/equipment casing/screen cleaned?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>9b. Filter pack cleaned? Material compatible?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
<p>10. Does water sample from vertical screened interval represent horizontal stratigraphy?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>10a. Screened interval documented?  <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>10b. Vertical lithology documented?  <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> Geologist log</p>	





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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-96-52</u> Page 1 of 2
2. Has a need for use of the well been identified and documented? ( <u>No</u> ) <u>No potential user identified</u>	
3. Is well presently in use? ( <u>No</u> ) <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-075? ( <u>No</u> ) <u>No documented annular seal</u>	
4a. Natural barriers preserved? ( <u>No</u> ) <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed? ( <u>No</u> ) <u>No seals documented</u>	
4c. Annulus sealed against surface water? ( <u>No</u> ) <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted? ( <u>N/A</u> ) <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-085? ( <u>Yes</u> ) <u>Capped not locked</u>	
6. Is design and construction IAW WAC 173-160-500? ( <u>No</u> ) <u>No annularseal</u>	
6a. Saturated formation/aquifers not connected? ( <u>N/A</u> ) <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-303? ( <u>N/A</u> ) <u>Not applicable</u>	
6c. Well properly identified? ( <u>No</u> ) <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-510? ( <u>No</u> ) <u>No surface seal documented</u>	
7a. Well capped and protected? ( <u>No</u> ) <u>Capped, not locked</u>	
7b. Protective posts, surface pad or cover installed? ( <u>No</u> ) <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained? ( <u>N/A</u> ) <u>Not applicable</u>	
7d. Is existing surface protection damaged? ( <u>N/A</u> ) <u>Not applicable</u>	
8. Are casing materials IAW 173-160-520? ( <u>N/A</u> ) <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? ( <u>N/A</u> ) <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned? ( <u>N/A</u> ) <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible? ( <u>N/A</u> ) <u>Not applicable</u>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? ( <u>N/A</u> ) <u>Not applicable</u>	
10a. Screened interval documented? ( <u>N/A</u> ) <u>Not applicable</u>	
10b. Vertical lithology documented? ( <u>Yes</u> ) <u>Geologist log</u>	

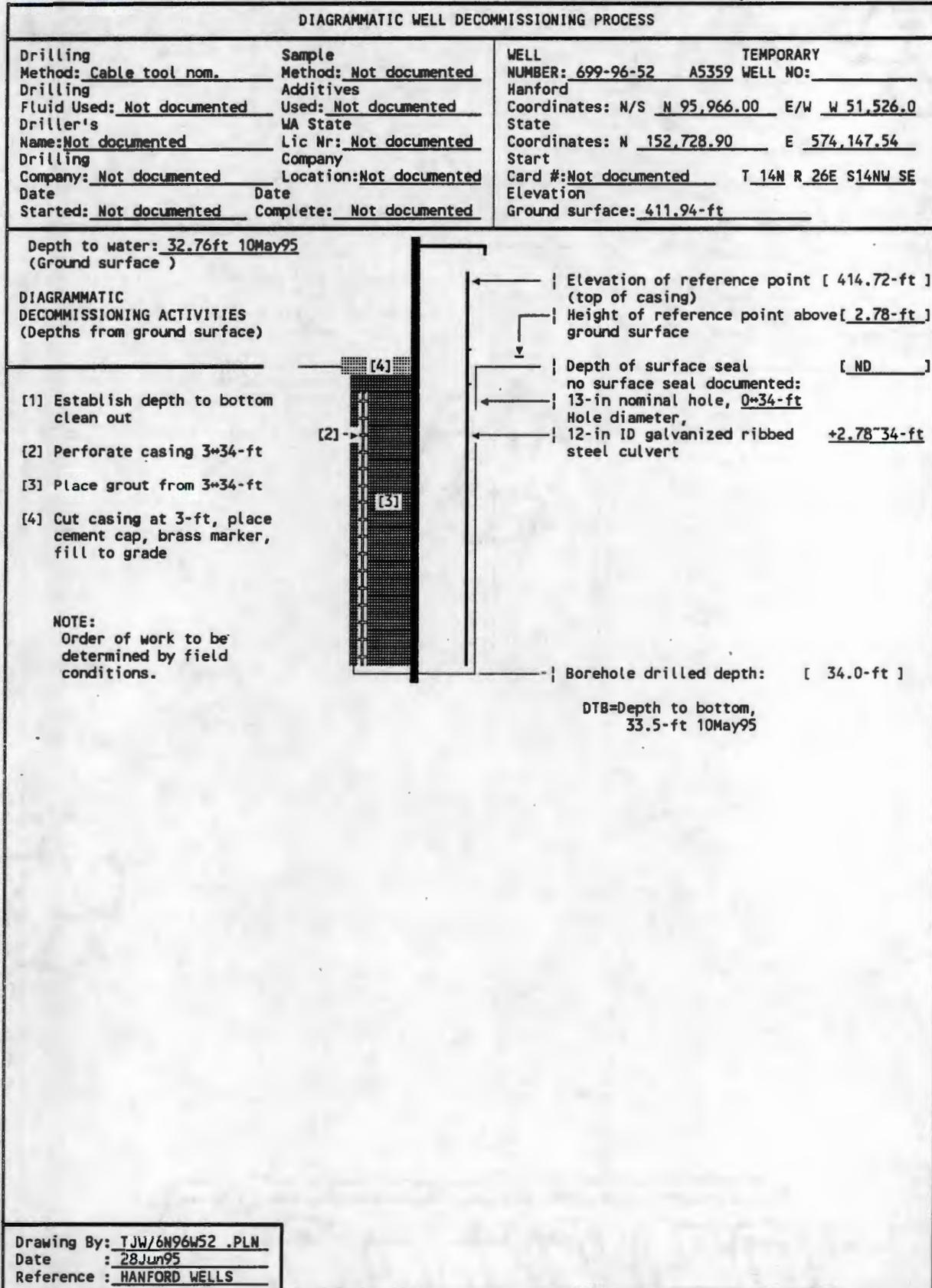
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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-96-52</u>  Page 2 of 2																		
11. Is design and construction IAW WAC 173-160-5407 <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>																			
11a. Screen commercially fabricated of material nonreactive to subsurface conditions? <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>																			
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen. <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>																			
11c. Well has been developed. <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>																			
11d. Annulus grouted with bentonite or bentonite/cement mixture. <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>																			
12. Does water sample meet established acceptance criteria? Sample is less than 5 NTU and sand free. <input type="checkbox"/> <u>N/A</u> ) <u>Not applicable</u>																			
13. Data Sources Used: Logs: <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Driller's: _____</td> <td style="width:15%;">Date: _____</td> <td style="width:35%;">Company: _____</td> </tr> <tr> <td>Geologist: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> <tr> <td>Geophysical: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> <tr> <td>Television: _____</td> <td>Date: _____</td> <td>Company: _____</td> </tr> </table> Publications: Title, Author, Date <u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u>		Driller's: _____	Date: _____	Company: _____	Geologist: _____	Date: _____	Company: _____	Geophysical: _____	Date: _____	Company: _____	Television: _____	Date: _____	Company: _____						
Driller's: _____	Date: _____	Company: _____																	
Geologist: _____	Date: _____	Company: _____																	
Geophysical: _____	Date: _____	Company: _____																	
Television: _____	Date: _____	Company: _____																	
Databases: <u>WHC Well Services</u>																			
Field Check: <u>Well Services</u> Date: <u>05/10/95</u> Company: <u>WHC</u>																			
Other: _____ _____ _____																			
14. Comments: Identify evaluation criteria addressed by number: _____ _____ _____ _____ _____ _____ _____ _____																			
15. Status <table style="width:100%; border: none;"> <tr> <td style="width:45%;">Well is acceptable for intended use</td> <td style="width:10%;"><input type="checkbox"/> <u>No</u></td> <td style="width:45%;">) <u>Well lacks seals</u></td> </tr> <tr> <td>Well is acceptable for intended use if variance is granted</td> <td><input type="checkbox"/> <u>N/A</u></td> <td>) <u>Not applicable</u></td> </tr> <tr> <td>Rehabilitation required to continue intended use</td> <td><input type="checkbox"/> <u>No</u></td> <td>) <u>Not applicable</u></td> </tr> <tr> <td>Remediation required to achieve intended use</td> <td><input type="checkbox"/> <u>No</u></td> <td>) <u>Well has no identified user</u></td> </tr> <tr> <td>Decommission, well is unneeded or cannot be remediated</td> <td><input type="checkbox"/> <u>Yes</u></td> <td>) <u>well has no identified need</u></td> </tr> <tr> <td>Other _____</td> <td><input type="checkbox"/> _____</td> <td>) _____</td> </tr> </table>		Well is acceptable for intended use	<input type="checkbox"/> <u>No</u>	) <u>Well lacks seals</u>	Well is acceptable for intended use if variance is granted	<input type="checkbox"/> <u>N/A</u>	) <u>Not applicable</u>	Rehabilitation required to continue intended use	<input type="checkbox"/> <u>No</u>	) <u>Not applicable</u>	Remediation required to achieve intended use	<input type="checkbox"/> <u>No</u>	) <u>Well has no identified user</u>	Decommission, well is unneeded or cannot be remediated	<input type="checkbox"/> <u>Yes</u>	) <u>well has no identified need</u>	Other _____	<input type="checkbox"/> _____	) _____
Well is acceptable for intended use	<input type="checkbox"/> <u>No</u>	) <u>Well lacks seals</u>																	
Well is acceptable for intended use if variance is granted	<input type="checkbox"/> <u>N/A</u>	) <u>Not applicable</u>																	
Rehabilitation required to continue intended use	<input type="checkbox"/> <u>No</u>	) <u>Not applicable</u>																	
Remediation required to achieve intended use	<input type="checkbox"/> <u>No</u>	) <u>Well has no identified user</u>																	
Decommission, well is unneeded or cannot be remediated	<input type="checkbox"/> <u>Yes</u>	) <u>well has no identified need</u>																	
Other _____	<input type="checkbox"/> _____	) _____																	
16. Status Recommendation Done By:      Name: <u>T. J. Wood</u> Title: <u>Senior Engineer</u> Date: <u>06/30/95</u>																			

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WELL CONSTRUCTION AND COMPLETION SUMMARY		
<p>Drilling Method: <u>Cable tool nom.</u></p> <p>Drilling Fluid Used: <u>Not documented</u></p> <p>Driller's Name: <u>Not documented</u></p> <p>Drilling Company: <u>Not documented</u></p> <p>Date Started: <u>Not documented</u></p>	<p>Sample Method: <u>Not documented</u></p> <p>Additives Used: <u>Not documented</u></p> <p>WA State Lic Nr: <u>Not documented</u></p> <p>Company Location: <u>Not documented</u></p> <p>Date Complete: <u>Not documented</u></p>	<p>WELL NUMBER: <u>699-96-52</u>    <u>A5359</u>    TEMPORARY WELL NO: _____</p> <p>Hanford</p> <p>Coordinates: N/S <u>N 95,966.00</u>    E/W <u>W 51,526.0</u></p> <p>State Coordinates: N <u>152,728.90</u>    E <u>574,147.54</u></p> <p>Start Card #: <u>Not documented</u>    T <u>14N</u> R <u>26E</u> S <u>14NW</u> SE</p> <p>Elevation Ground surface: <u>411.94-ft</u></p>
<p>Depth to water: <u>32.76ft</u> <u>10May95</u> (Ground surface)</p>		
<p>GENERALIZED STRATIGRAPHY      Not Documented</p>	<p>The diagram shows a vertical well casing. From top to bottom, the sections are: a top section with an elevation of 414.72-ft (top of casing); a section with a height of 2.78-ft above ground surface; a section with a depth of surface seal (no surface seal documented) marked as [ND]; a section with a 13-in nominal hole diameter from 0-34-ft; and a section with a 12-in ID galvanized ribbed steel culvert from +2.78-34-ft. The borehole drilled depth is 34.0-ft, and the depth to bottom (DTB) is 33.5-ft as of 10May95.</p>	
<p>No log available</p>	<p>DTB</p>	
<p>DTB=Depth to bottom, 33.5-ft 10May95</p>		
<p>Drawing By: <u>TJW/6N96W52 .ASB</u> Date : <u>28Jun95</u> Reference : <u>HANFORD WELLS</u></p>		

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<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-97-47</u>
Page 1 of 2	
<p>2. Has a need for use of the well been identified and documented?  <input type="checkbox"/> <u>No</u> ) No potential user identified</p> <p>3. Is well presently in use?  <input type="checkbox"/> <u>No</u> ) No use identified</p> <p>4. Is casing sealed in accordance with IAW WAC 173-160-075?  <input type="checkbox"/> <u>No</u> ) No documentation of annular seal</p> <p>4a. Natural barriers preserved?  <input type="checkbox"/> <u>N/A</u> ) Well terminates within upper sediments</p> <p>4b. Aquifer/strata penetrated permanently sealed?  <input type="checkbox"/> <u>No</u> ) No seals documented</p> <p>4c. Annulus sealed against surface water?  <input type="checkbox"/> <u>No</u> ) No surface seal documented</p> <p>4d. Casing overlap more than 8 ft; packed and grouted?  <input type="checkbox"/> <u>N/A</u> ) Not applicable</p> <p>5. If not in use, is well capped IAW WAC 173-160-085?  <input type="checkbox"/> <u>No</u> ) Open pit</p> <p>6. Is design and construction IAW WAC 173-160-500?  <input type="checkbox"/> <u>No</u> ) No annular seal documented</p> <p>6a. Saturated formation/aquifers not connected?  <input type="checkbox"/> <u>N/A</u> ) Upper sediment colum</p> <p>6b. Cuttings/development water handled IAW WAC 173-303?  <input type="checkbox"/> <u>N/A</u> ) Drilled before applicable date of WAC 173-303</p> <p>6c. Well properly indentified?  <input type="checkbox"/> <u>No</u> ) NO permanant identification</p> <p>7. Is surface protection IAW WAC 173-160-510?  <input type="checkbox"/> <u>No</u> ) No surface seal documented</p> <p>7a. Well capped and protected?  <input type="checkbox"/> <u>No</u> ) Open top no protection</p> <p>7b. Protective posts, surface pad or cover installed?  <input type="checkbox"/> <u>NO</u> ) None present</p> <p>7c. Surface protection waived or variance obtained?  <input type="checkbox"/> <u>N/A</u> ) Not applicable</p> <p>7d. Is existing surface protection damaged?  <input type="checkbox"/> <u>N/A</u> ) Not applicable</p> <p>8. Are casing materials IAW 173-160-520?  <input type="checkbox"/> <u>N/A</u> ) Not applicable</p> <p>9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  <input type="checkbox"/> <u>N/A</u> ) Not applicable</p> <p>9a. Drill rig/equipment casing/screen cleaned?  <input type="checkbox"/> <u>N/A</u> ) Not applicable</p> <p>9b. Filter pack cleaned? Material compatible?  <input type="checkbox"/> <u>N/A</u> ) Not applicable</p>	
<b>RCRA/CERCLA MONITORING WELL?</b>	
<p>10. Does water sample from vertical screened interval represent horizontal stratigraphy?  <input type="checkbox"/> <u>N/A</u> ) Not applicable</p> <p>10a. Screened interval documented?  <input type="checkbox"/> <u>No</u> ) Not documented</p> <p>10b. Vertical lithology documented?  <input type="checkbox"/> <u>No</u> ) Not documented</p>	



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WELL CONSTRUCTION AND COMPLETION SUMMARY		
<p>Drilling Method: <u>Hand Dug</u></p> <p>Drilling Fluid Used: <u>Not documented</u></p> <p>Driller's Name: <u>Not documented</u></p> <p>Drilling Company: <u>Not documented</u></p> <p>Date Started: <u>Not documented</u></p>	<p>Sample Method: <u>Not documented</u></p> <p>Additives Used: <u>Not documented</u></p> <p>WA State Lic Nr: <u>Not documented</u></p> <p>Company Location: <u>Unknown</u></p> <p>Date Complete: <u>Not documented</u></p>	<p>WELL NUMBER: <u>699-97-47</u>    <u>A5361</u>    TEMPORARY WELL NO: _____</p> <p>Hanford</p> <p>Coordinates: N/S <u>N 96,735.00</u>    E/W <u>W 47,285.00</u></p> <p>State NAD83</p> <p>Coordinates: N _____    E _____</p> <p>Start Card #: <u>Not documented</u>    T <u>14N</u> R <u>26E</u> S13NW NW</p> <p>Elevation</p> <p>Ground surface: <u>413.50-ft Est.</u></p>
<p>Depth to water: <u>23.2-ft</u> <u>10May95</u> (Ground surface) _____</p> <p>GENERALIZED STRATIGRAPHY    No Documentation</p>		
<p style="text-align: right;">Elevation of reference point: (top of cement) [<u>414.0-ft</u>]</p> <p style="text-align: right;">Height of reference point [<u>0.5-ft</u>] above ground surface</p> <p style="text-align: right;">Depth of surface seal [ <u>NO</u> ] No surface seal documented</p> <p style="text-align: right;">4 x 5 ft Concrete cistern +0.5-26-ft</p> <p style="text-align: right;">Borehole drilled depth: 26.0-ft</p> <p style="text-align: center;">DTB ▼</p> <p style="text-align: right;">DTB= Depth to bottom, 23.50-ft 10May95</p>		
<p>0-23.5: Not documented</p>		
<p>Drawing By: <u>TJW/6N97W47.ASB</u> Date : <u>19Jun95</u> Reference : <u>HANFORD WELLS</u></p>		

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DIAGRAMMATIC WELL DECOMMISSIONING PROCESS		
<p>Drilling Method: <u>Hand Dug</u></p> <p>Drilling Fluid Used: <u>Not documented</u></p> <p>Driller's Name: <u>Not documented</u></p> <p>Drilling Company: <u>Not documented</u></p> <p>Date Started: <u>Not documented</u></p>	<p>Sample Method: <u>Not documented</u></p> <p>Additives Used: <u>Not documented</u></p> <p>WA State Lic Nr: <u>Not documented</u></p> <p>Company Location: <u>Unknown</u></p> <p>Date Complete: <u>Not documented</u></p>	<p>WELL NUMBER: <u>699-97-47</u>    <u>A5361</u>    TEMPORARY WELL NO: _____</p> <p>Hanford Coordinates: N/S <u>N 96,735.00</u>    E/W <u>W 47,285.00</u></p> <p>State NAD83 Coordinates: N _____    E _____</p> <p>Start Card #: <u>Not documented</u>    T <u>14N</u> R <u>26E</u> S13NW NW</p> <p>Elevation Ground surface: <u>413.50-ft Est.</u></p>
<p>Depth to water: <u>23.2-ft</u> <u>10May95</u> (Ground surface) _____</p>		
<p>DIAGRAMMATIC DECOMMISSIONING ACTIVITIES (Depths from ground surface)</p>		
<p>[1] Establish depth to bottom, clean out <u>and bentonite</u></p> <p>[2] Place <u>grout</u> from 23.5-3.0-ft</p> <p>[3] Place cement cap from 3-ft to surface, install brass marker</p> <p>NOTE: Order of work to be determined by field conditions.</p>		
<p>Drawing By: <u>TJW/6N97W47.PLN</u> Date : <u>20Jun95</u> Reference : <u>HANFORD WELLS</u></p>		

## DISTRIBUTION SHEET

To Distribution	From T. J. Wood	Page 1 of 1 Date July 05, 1995
Project Title/Work Order A supplemental revision (F) by ECN to "Fitness-For-Intended-Use Evaluation Recommendations for Hanford Site 600 Area Wells, WHC-SD-EN-AP-161, Rev 0."		EDT No. NA ECN No. 611433

Name	MSIN	Text With All Attach.	Text Only	Attach./Appendix Only	EDT/ECN Only
M. A. Chamness	K6-84	X			
J. W. Fassett	H6-06	X			
M. G. Gardner	S3-24	X			
S. P. Luttrell	K6-96	X			
R. A. Meznarich	S3-27	X			
A. L. Schatz	S3-24	X			
D. E. Skoglie	S3-24	X			
W. R. Thackaberry	H6-32	X			
K. M. Thompson	A5-15	X			
R. R. Thompson	H6-32	X			
M. W. Walkup	S3-24	X			
T. J. Wood	S3-24	X			
EDMC (2)	H6-08	X			
Central Files (2)	L8-04	X			