

ENGINEERING CHANGE NOTICE	Page 1 of <u>21</u>	1. ECN <u>614122</u> Proj. ECN
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2. ECN Category (mark one) Supplemental <input checked="" type="checkbox"/> 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. R. K. Ledgerwood 86A10/RD1CA N3-05 6-2193 5. Project Title/No./Work Order No. NA 8. Document Numbers Changed by this ECN (includes sheet no. and rev.) WHC-SD-EN-AP-161, Rev 0 ^{3/18/99}	4. Date November 17, 1994 6. Bldg./Sys./Fac. No. NA 9. Related ECN No(s). NA 7. Impact Level NA Q D ¹¹⁻¹⁸⁻⁹⁴ 10. Related PO No. NA
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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 Cog. Engineer Signature & Date	11d. Restored to Original Condition (Temp. or Standby ECN only) NA Cog. Engineer Signature & Date
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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 B.

13a. Justification (mark one)	Criteria Change <input checked="" type="checkbox"/>	Design Improvement <input type="checkbox"/>	Environmental <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 21 BY WHC DATE DEC 9 1994 <i>Sta. 21</i>



ENGINEERING CHANGE NOTICE				Page 2 of 2	1. ECN (use no. from pg. 1) 614122	
15. Design Verification Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Cost Impact <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> ENGINEERING Additional <input type="checkbox"/> \$ NA Savings <input type="checkbox"/> \$ </td> <td style="width: 50%; border: none;"> CONSTRUCTION Additional <input type="checkbox"/> \$ NA Savings <input type="checkbox"/> \$ </td> </tr> </table>			ENGINEERING Additional <input type="checkbox"/> \$ NA Savings <input type="checkbox"/> \$	CONSTRUCTION Additional <input type="checkbox"/> \$ NA Savings <input type="checkbox"/> \$	17. Schedule Impact (days) Improvement <input type="checkbox"/> NA Delay <input type="checkbox"/>
ENGINEERING Additional <input type="checkbox"/> \$ NA Savings <input type="checkbox"/> \$	CONSTRUCTION Additional <input type="checkbox"/> \$ NA Savings <input type="checkbox"/> \$					
18. Change Impact Review: Indicate the related documents (other than the engineering documents identified on Side 1) that will be affected by the change described in Block 12. Enter the affected document number in Block 19.						
SDD/DD	<input type="checkbox"/>	Seismic/Stress Analysis	<input type="checkbox"/>	Tank Calibration Manual	<input type="checkbox"/>	
Functional Design Criteria	<input type="checkbox"/>	Stress/Design Report	<input type="checkbox"/>	Health Physics Procedure	<input type="checkbox"/>	
Operating Specification	<input type="checkbox"/>	Interface Control Drawing	<input type="checkbox"/>	Spares Multiple Unit Listing	<input type="checkbox"/>	
Criticality Specification	<input type="checkbox"/>	Calibration Procedure	<input type="checkbox"/>	Test Procedures/Specification	<input type="checkbox"/>	
Conceptual Design Report	<input type="checkbox"/>	Installation Procedure	<input type="checkbox"/>	Component Index	<input type="checkbox"/>	
Equipment Spec.	<input type="checkbox"/>	Maintenance Procedure	<input type="checkbox"/>	ASME Coded Item	<input type="checkbox"/>	
Const. Spec.	<input type="checkbox"/>	Engineering Procedure	<input type="checkbox"/>	Human Factor Consideration	<input type="checkbox"/>	
Procurement Spec.	<input type="checkbox"/>	Operating Instruction	<input type="checkbox"/>	Computer Software	<input type="checkbox"/>	
Vendor Information	<input type="checkbox"/>	Operating Procedure	<input type="checkbox"/>	Electric Circuit Schedule	<input type="checkbox"/>	
OM Manual	<input type="checkbox"/>	Operational Safety Requirement	<input type="checkbox"/>	ICRS Procedure	<input type="checkbox"/>	
FSAR/SAR	<input type="checkbox"/>	IEFD Drawing	<input type="checkbox"/>	Process Control Manual/Plan	<input type="checkbox"/>	
Safety Equipment List	<input type="checkbox"/>	Cell Arrangement Drawing	<input type="checkbox"/>	Process Flow Chart	<input type="checkbox"/>	
Radiation Work Permit	<input type="checkbox"/>	Essential Material Specification	<input type="checkbox"/>	Purchase Requisition	<input type="checkbox"/>	
Environmental Impact Statement	<input type="checkbox"/>	Fac. Proc. Samp. Schedule	<input type="checkbox"/>		<input type="checkbox"/>	
Environmental Report	<input type="checkbox"/>	Inspection Plan	<input type="checkbox"/>		<input type="checkbox"/>	
Environmental Permit	<input type="checkbox"/>	Inventory Adjustment Request	<input type="checkbox"/>		<input type="checkbox"/>	
19. Other Affected Documents: (NOTE: Documents listed below will not be revised by this ECN.) Signatures below indicate that the signing organization has been notified of other affected documents listed below.						
Document Number/Revision	Document Number/Revision	Document Number/Revision	Document Number/Revision	Document Number/Revision	Document Number/Revision	
NA	NA	NA	NA	NA	NA	

20. Approvals		Signature	Date	Signature	Date
OPERATIONS AND ENGINEERING				ARCHITECT-ENGINEER	
Cog Engineer	R K Ledgerwood	<i>R K Ledgerwood</i>	<u>11-17-94</u>	PE	_____
Cog. Mgr.	M G Gardner	<i>M G Gardner</i>	<u>11/17/94</u>	QA	_____
QA	W R Thackaberry	<i>W R Thackaberry</i>	<u>11-18-94</u>	Safety	_____
Safety				Design	_____
Security				Environ.	_____
Environ.				Other	_____
Program	R R Thompson	<i>R R Thompson</i>	<u>11/18/94</u>		_____
Tank Waste Remediation System					_____
Facilities Operations				DEPARTMENT OF ENERGY	
Restoration & Remediation				Signature or Letter No.	
Operations & Support Services				M J Furman	<i>M J Furman</i> 11/23/94
IRM				ADDITIONAL	
Other	S P Luttrell	<i>S P Luttrell</i>	<u>11-18-94</u>	R D Hildebrand	<i>R D Hildebrand</i> 11-18-94
	T F Kisenwether	<i>T F Kisenwether (BHL)</i>	<u>11-18-94</u>	C H Gunion	<i>C H Gunion</i> 11-23-94
				R Chong	<i>R Chong</i> 11-18-94
					N/A

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

Subject: 600 Area Well Decommissioning Planned for 1st and 2nd Quarter FY 1995 by WHC Well Services

This Appendix B to WHC-SD-EN-AP-161 lists Hanford Site wells selected for decommissioning during the 1st and/or 2nd quarters 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.

One well listed in the table (699-49-111, Enyeart) is a deep well tapping the upper Cold Creek artesian system. It should be decommissioned to protect the confined aquifer resource which has had sharp declines in head due to irrigation use. One well south of Gable Mountain on the Hanford Site (699-54-37B) connects the unconfined and multiple basalt interbeds.

The two other 600 Area wells were selected as being orphan wells relatively near the Columbia or Yakima Rivers or waste sites.

Table 1. 600 AREA WELLS SELECTED FOR DECOMMISSIONING

Well Number	Hanford N/S	Coordinates E/W	Date Drill	Depth Drill	Casing Elev	Comments	Owner	Recommended Disposition
699-49-111	N 49,381	W 11,355	Nov 22	1,092	913.13	Enyeart	PNL-char	Decommission
699-54-37B	N 54,140	W 36,806	Dec 23	970	533.75	Haynes stock well	Orphan	Decommission
699-63-89	N 62,751	W 88,504	Apr 73	218	512.4	UGB-1	Orphan	Decommission
699-101-48C	N 101,476	W 47,985	May 43	77	388.59	Test well #5	Orphan	Decommission

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

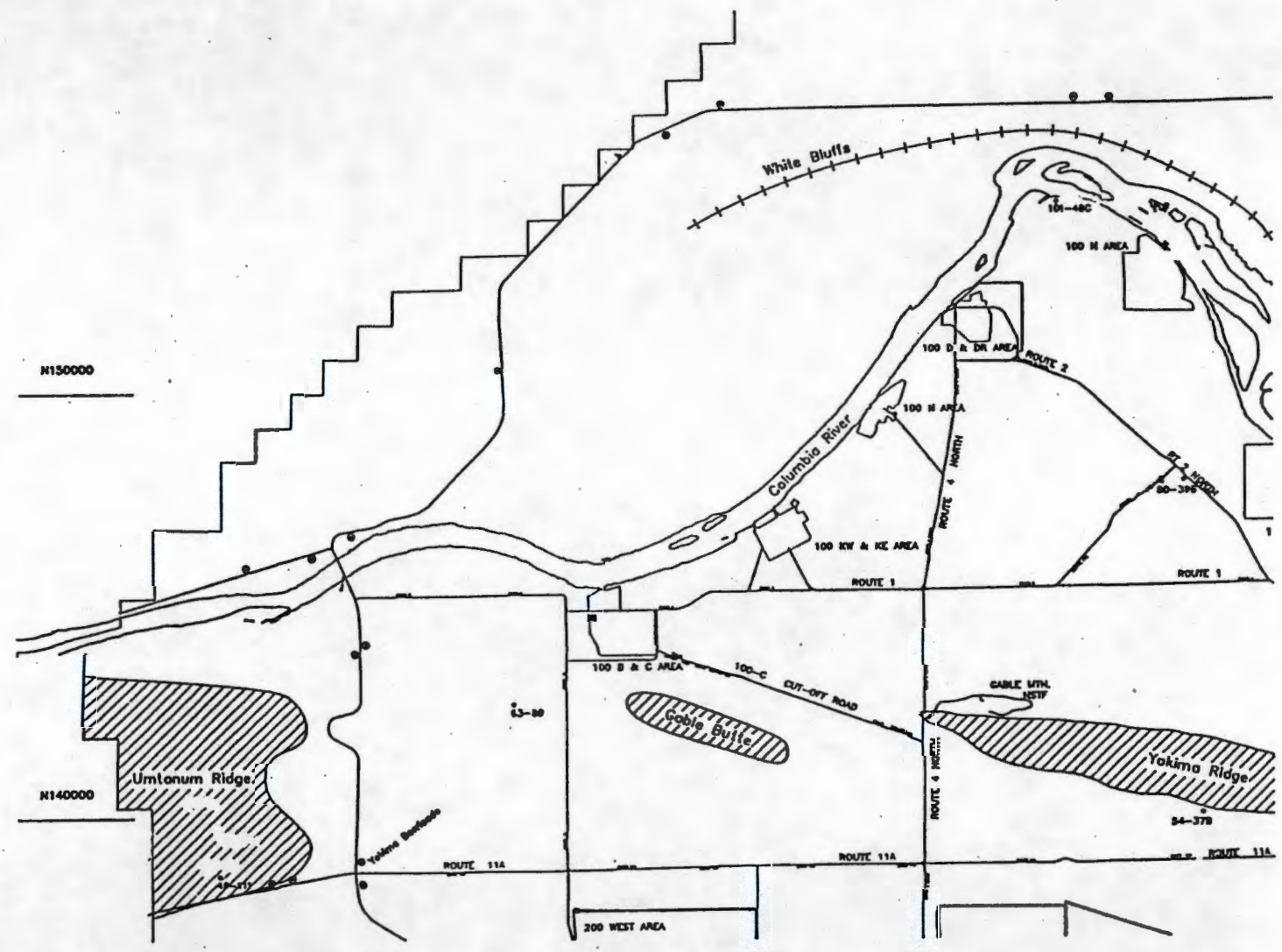


Figure 1. Location Map of Wells Selected for Decommissioning

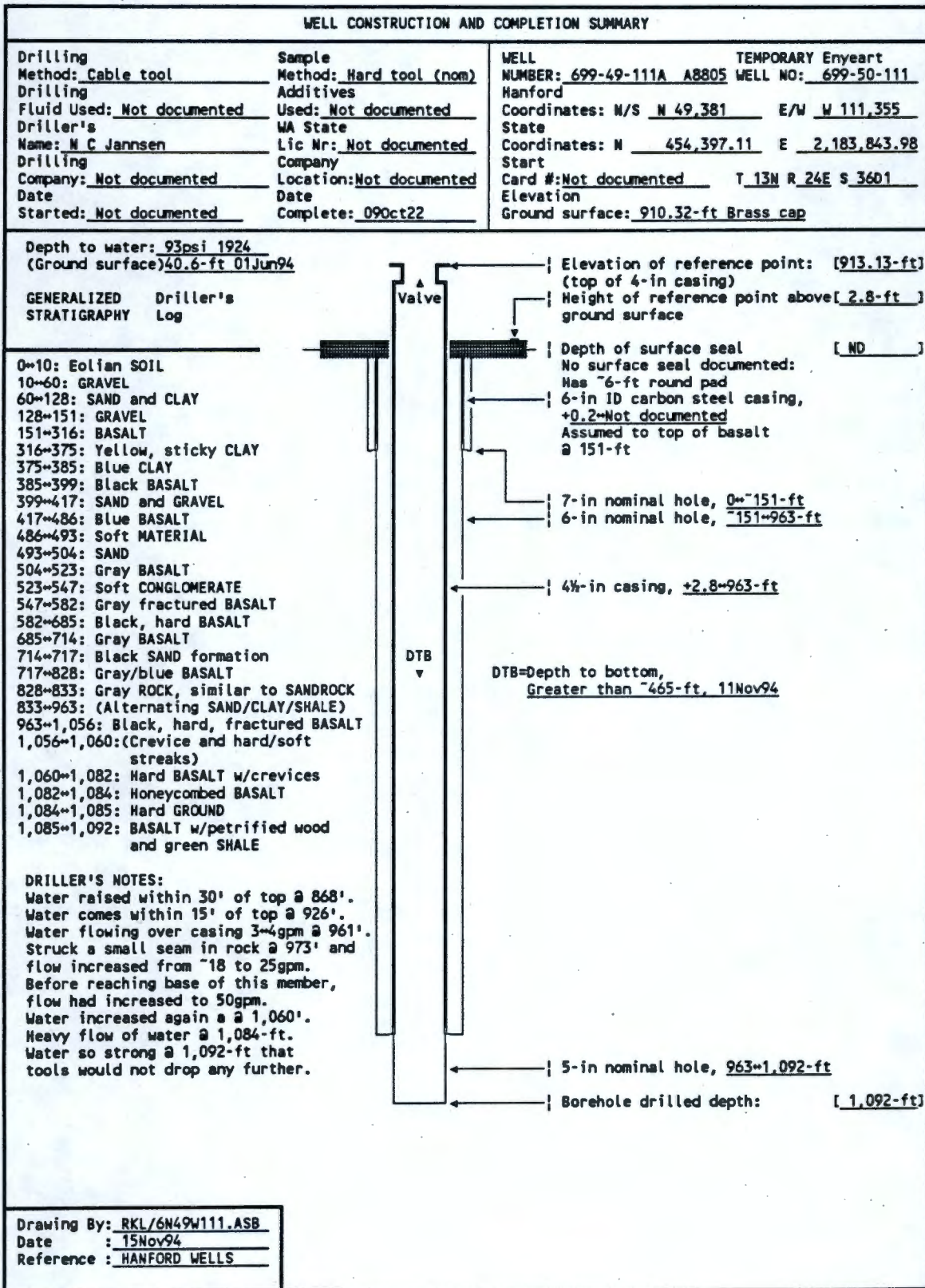
**Fitness-for-Intended Use
Evaluation Recommendations
For Hanford Site 600 Area Wells**

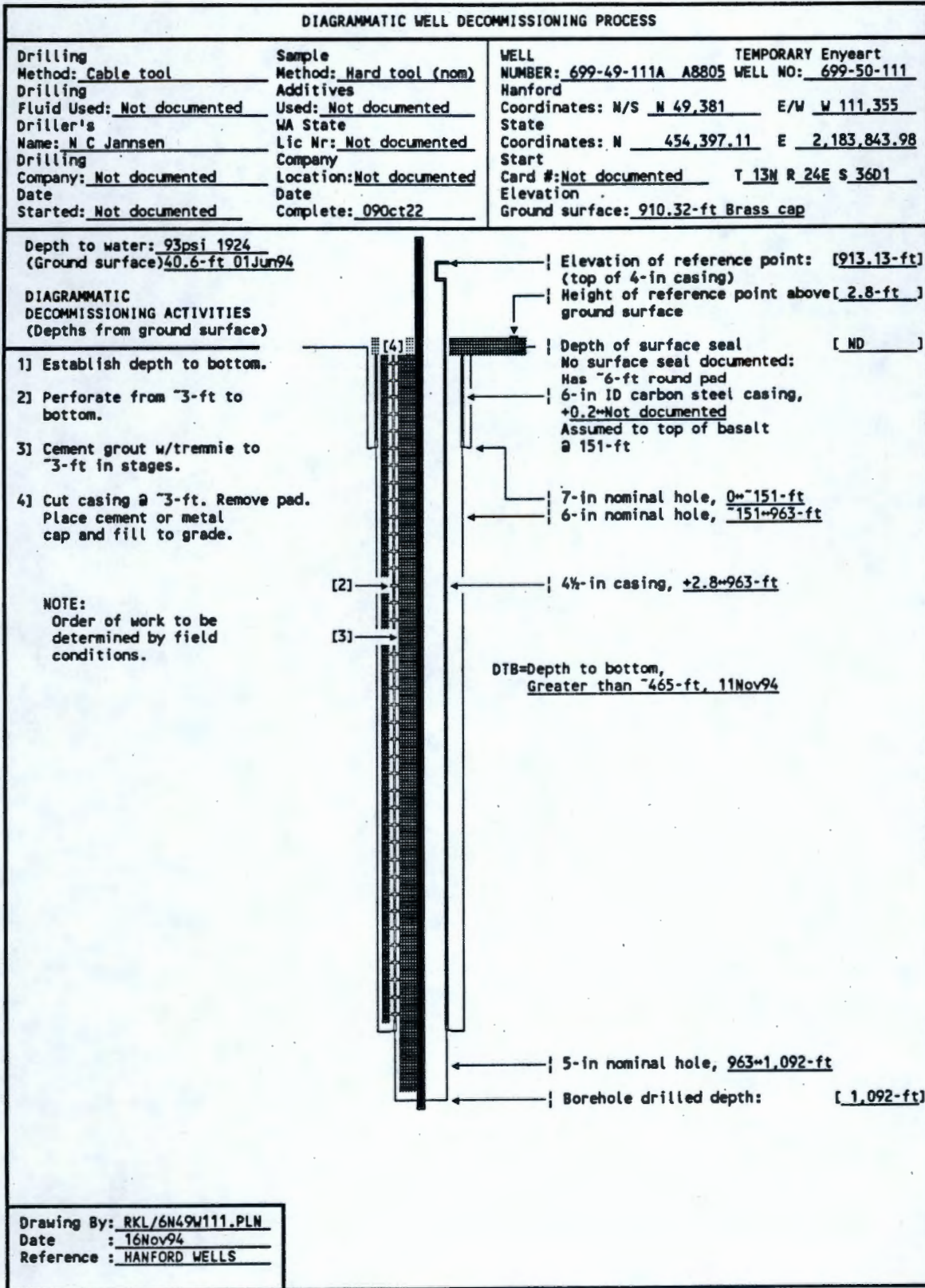
Well 699-49-111A
Well 699-54-37B
Well 699-63-89
Well 699-101-48C

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Page 8
Page 12
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RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST	1. Well No. <u>699-49-111A</u> Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u>) No potential user identified	
3. Is well presently in use? <input type="checkbox"/> <u>Yes</u>) PNL sitewide characterization	
4. Is casing sealed in accordance with IAW WAC 173-160-075? <input type="checkbox"/> <u>No</u>) No documentation of annular seal	
4a. Natural barriers preserved? <input type="checkbox"/> <u>ND</u>) Well may connect aquifers	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u>) No seals documented, well may allow upward flows	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u>) No surface seal documented, has concrete pad	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u>) Not applicable	
5. If not in use, is well capped IAW WAC 173-160-085? <input type="checkbox"/> <u>Yes</u>) Capped and locked.	
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u>) No annular seal documented	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>No</u>) May allow leakage from confined artesian aquifer	
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u>) Drilled before applicable date of WAC 173-303	
6c. Well properly identified? <input type="checkbox"/> <u>No</u>) No permanent identification	
7. Is surface protection IAW WAC 173-160-510? <input type="checkbox"/> <u>No</u>) Has 6-ft round concrete pad, no surface seal documented	
7a. Well capped and protected? <input type="checkbox"/> <u>N/A</u>) Not applicable	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>N/A</u>) Not applicable	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u>) Not applicable	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u>) Not applicable	
8. Are casing materials IAW 173-160-520? <input type="checkbox"/> <u>N/A</u>) Not applicable	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? <input type="checkbox"/> <u>N/A</u>) Not applicable	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u>) Not applicable	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u>) Not applicable	
RCRA/CERCLA MONITORING WELL?	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u>) Not applicable	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u>) Not applicable	
10b. Vertical lithology documented? <input type="checkbox"/> <u>Yes</u>) Has driller's log	

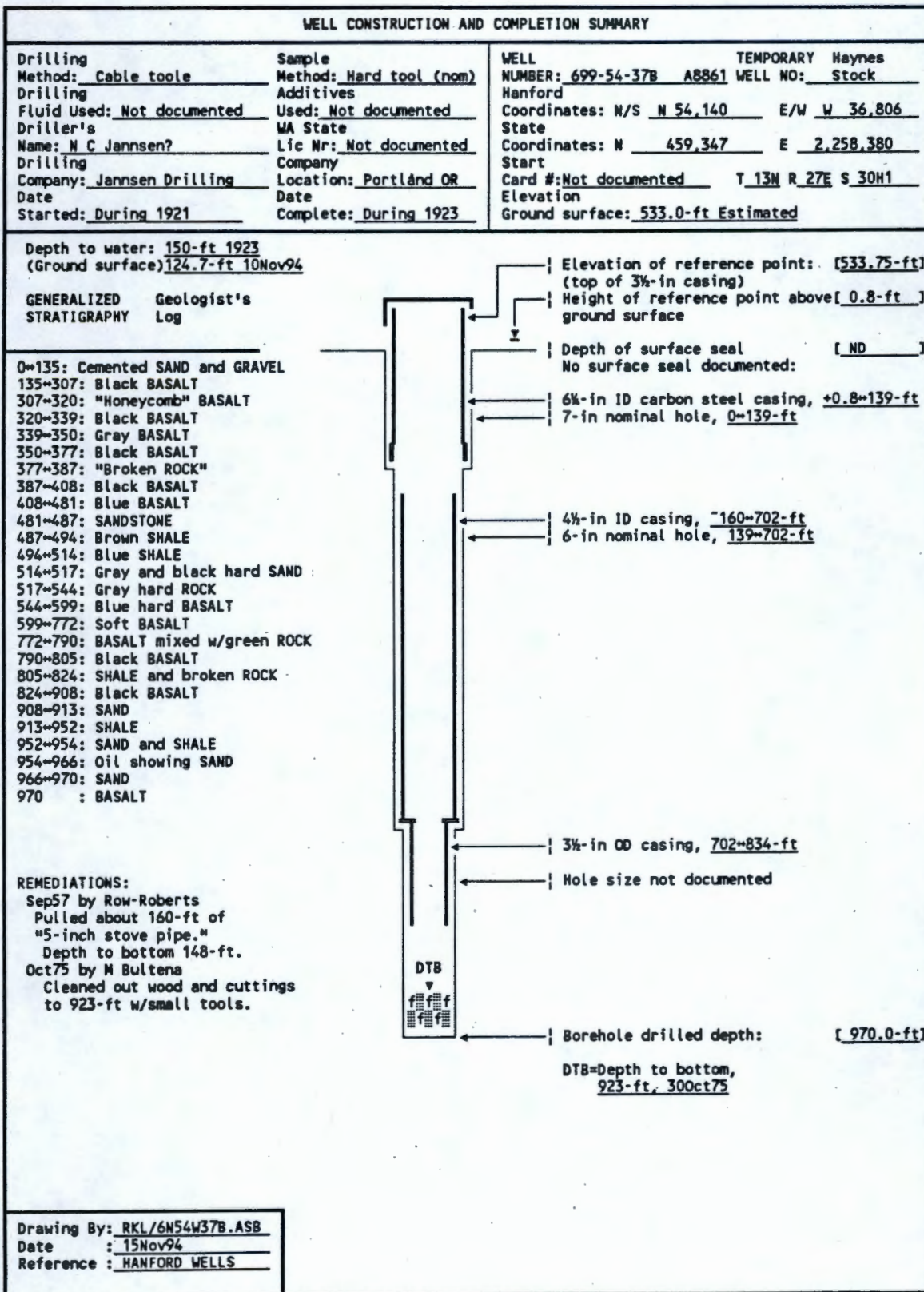
RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST	1. Well No. <u>699-49-111A</u> Page 2 of 2
11. Is design and construction IAW WAC 173-160-5407 <input checked="" type="checkbox"/> <u>N/A</u> , Not applicable	
11a. Screen commercially fabricated of material nonreactive to subsurface conditions? <input checked="" type="checkbox"/> <u>N/A</u> , Not applicable	
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen. <input checked="" type="checkbox"/> <u>N/A</u> , Not applicable	
11c. Well has been developed. <input checked="" type="checkbox"/> <u>N/A</u> , Not applicable	
11d. Annulus grouted with bentonite or bentonite/cement mixture. <input checked="" type="checkbox"/> <u>N/A</u> , Not applicable	
12. Does water sample meet established acceptance criteria? Sample is less than 5 NTU and sand free. <input checked="" type="checkbox"/> <u>N/A</u> , Not applicable	
13. Data Sources Used: Logs: Driller's: <u>Not documented</u> Date: <u>12/09/22</u> Company: _____ Geologist: <u>Not applicable</u> Date: _____ Company: _____ Geophysical: <u>N/A</u> Date: _____ Company: _____ Television: <u>N/A</u> 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>WHC Well Services</u> Date: <u>11/09/94</u> Company: _____ Other: _____ _____	
14. Comments: Identify evaluation criteria addressed by number: _____ _____ _____ _____ _____ _____ _____ _____	
15. Status Well is acceptable for intended use <input checked="" type="checkbox"/> <u>No</u> , Well may allow upward flow Well is acceptable for intended use if variance is granted <input checked="" type="checkbox"/> <u>NA</u> , Not applicable Rehabilitation required to continue intended use <input checked="" type="checkbox"/> <u>No</u> , Not applicable Remediation required to achieve intended use <input checked="" type="checkbox"/> <u>No</u> , Well has no identified user Decommission, well is unneeded or cannot be remediated <input checked="" type="checkbox"/> <u>Yes</u> , PNL has terminated need Other _____ <input type="checkbox"/> _____	
16. Status Recommendation Done By: Name: <u>R. K. Ledgerwood</u> Title: <u>Principal Scientist</u> Date: <u>11/16/94</u>	

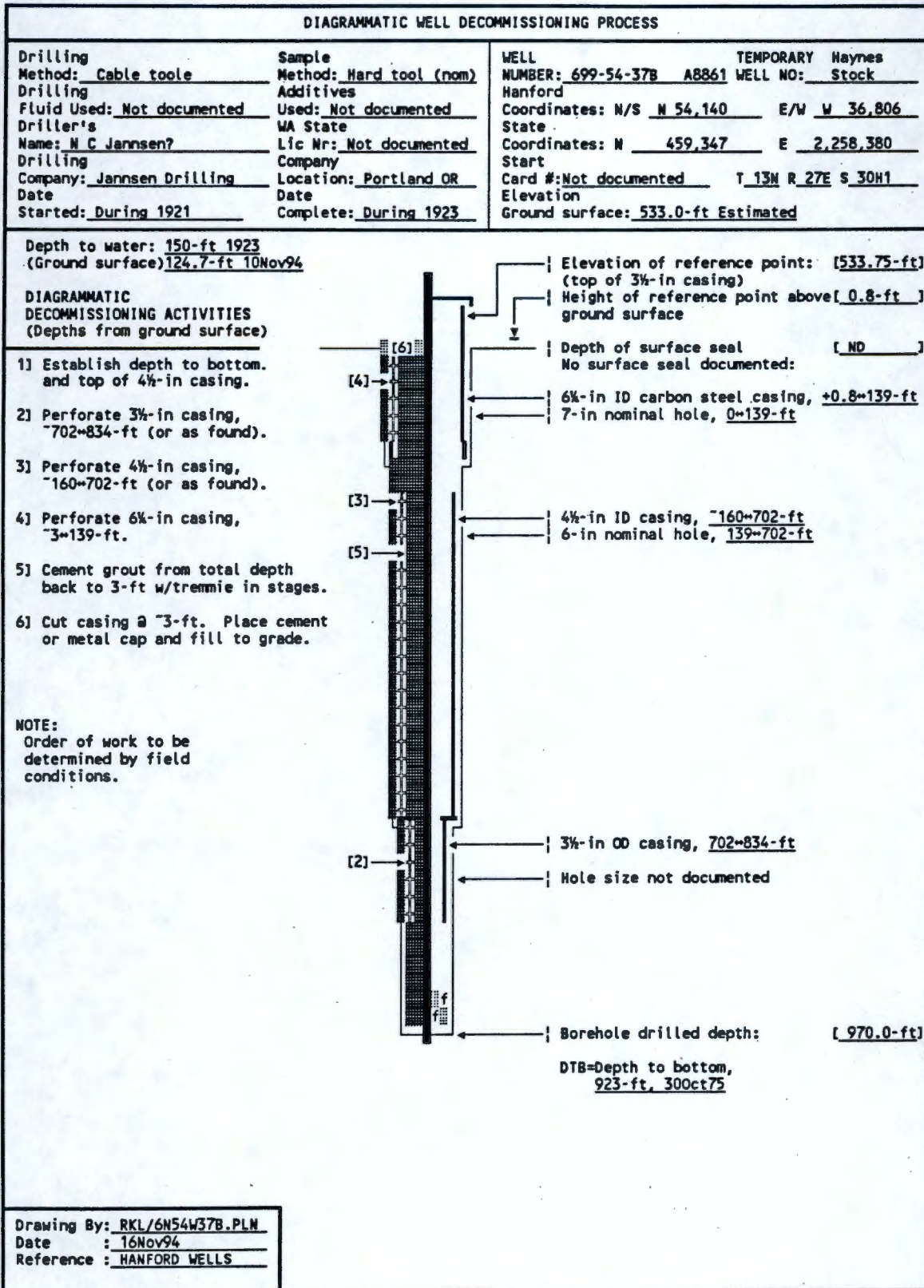




RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST	1. Well No. <u>699-54-37B</u> Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u>) No potential user identified	
3. Is well presently in use? <input type="checkbox"/> <u>No</u>) No use identified	
4. Is casing sealed in accordance with IAW WAC 173-160-0757? <input type="checkbox"/> <u>No</u>) No documentation of annular seal	
4a. Natural barriers preserved? <input type="checkbox"/> <u>No</u>) Well may connect aquifers	
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u>) No seals documented, well may aquifer interconnection	
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u>) No surface seal documented	
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u>) Not applicable	
5. If not in use, is well capped IAW WAC 173-160-0857? <input type="checkbox"/> <u>Yes</u>) Capped, not locked	
6. Is design and construction IAW WAC 173-160-5007? <input type="checkbox"/> <u>No</u>) No annular seal documented	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>No</u>) May allow interconnection of confined/unconfined aquifers	
6b. Cuttings/development water handled IAW WAC 173-3037? <input type="checkbox"/> <u>N/A</u>) Drilled before applicable date of WAC 173-303	
6c. Well properly identified? <input type="checkbox"/> <u>No</u>) No permanent identification	
7. Is surface protection IAW WAC 173-160-5107? <input type="checkbox"/> <u>No</u>) No surface seal documented	
7a. Well capped and protected? <input type="checkbox"/> <u>N/A</u>) Not applicable	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>N/A</u>) Not applicable	
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u>) Not applicable	
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u>) Not applicable	
8. Are casing materials IAW 173-160-5207? <input type="checkbox"/> <u>N/A</u>) Not applicable	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-5307? <input type="checkbox"/> <u>N/A</u>) Not applicable	
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u>) Not applicable	
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u>) Not applicable	
RCRA/CERCLA MONITORING WELL?	
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u>) Not applicable	
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u>) Not applicable	
10b. Vertical lithology documented? <input type="checkbox"/> <u>Yes</u>) Has driller's log	

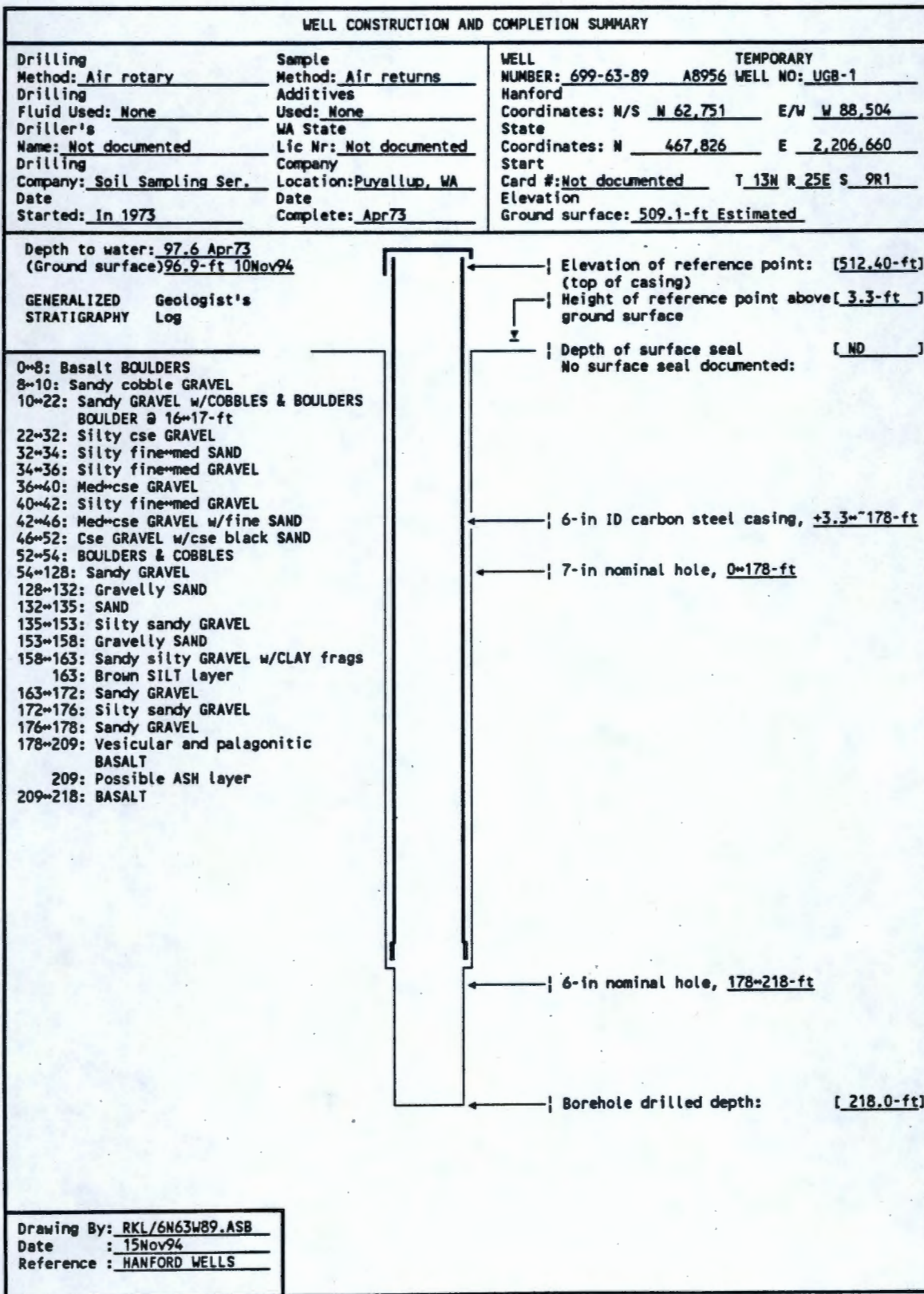
RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST	1. Well No. <u>699-54-37B</u> Page 2 of 2
11. Is design and construction IAW WAC 173-160-540? <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u>	
11a. Screen commercially fabricated of material nonreactive to subsurface conditions? <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u>	
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>	
11c. Well has been developed. <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>Not applicable</u>	
11d. Annulus grouted with bentonite or bentonite/cement mixture. <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <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> <input checked="" type="checkbox"/> <u>Not applicable</u>	
13. Data Sources Used: Logs: Driller's: <u>Jannsen Drilling Co</u> Date: <u>During 23</u> Company: _____ Geologist: <u>Not applicable</u> Date: _____ Company: _____ Geophysical: <u>N/A</u> Date: _____ Company: _____ Television: <u>N/A</u> 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>WHC Well Services</u> Date: <u>11/10/94</u> Company: _____ Other: _____ _____	
14. Comments: Identify evaluation criteria addressed by number: _____ _____ _____ _____ _____ _____ _____ _____ _____	
15. Status Well is acceptable for intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> <u>Well may interconnection</u> Well is acceptable for intended use if variance is granted <input type="checkbox"/> <u>NA</u> <input checked="" type="checkbox"/> <u>Not applicable</u> Rehabilitation required to continue intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> <u>Not applicable</u> Remediation required to achieve intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> <u>Well has no identified user</u> 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> Other _____ <input type="checkbox"/> _____	
16. Status Recommendation Done By: Name: <u>R. K. Ledgerwood</u> Title: <u>Principal Scientist</u> Date: <u>11/16/94</u>	

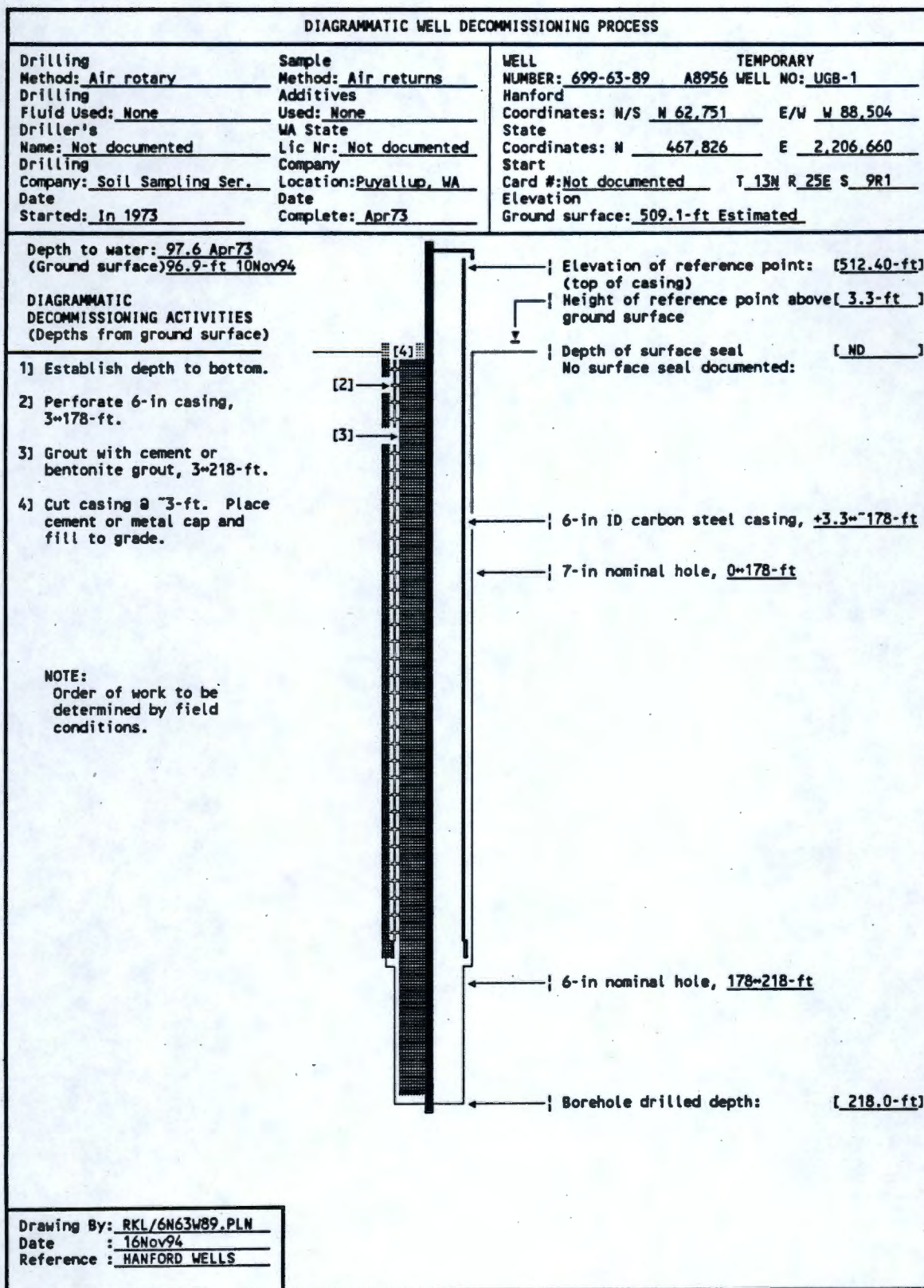




RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST	1. Well No. 699-63-89
	Page 1 of 2
<p>2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u>) <u>No potential user identified</u></p> <p>3. Is well presently in use? <input type="checkbox"/> <u>No</u>) <u>No use identified</u></p> <p>4. Is casing sealed in accordance with IAW WAC 173-160-0757? <input type="checkbox"/> <u>No</u>) <u>No documentation of annular seal</u></p> <p>4a. Natural barriers preserved? <input type="checkbox"/> <u>NA</u>) <u>Well terminates within first basalt flow</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 173-160-0857? <input type="checkbox"/> <u>Yes</u>) <u>Capped, not locked</u></p> <p>6. Is design and construction IAW WAC 173-160-5007? <input type="checkbox"/> <u>No</u>) <u>No annular seal documented</u></p> <p>6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>NA</u>) <u>Probably penetrates unconfined aquifer only</u></p> <p>6b. Cuttings/development water handled IAW WAC 173-3037? <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 permanent identification</u></p> <p>7. Is surface protection IAW WAC 173-160-5107? <input type="checkbox"/> <u>No</u>) <u>No surface seal documented</u></p> <p>7a. Well capped and protected? <input type="checkbox"/> <u>N/A</u>) <u>Not applicable</u></p> <p>7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>N/A</u>) <u>Not applicable</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 173-160-5207? <input type="checkbox"/> <u>N/A</u>) <u>Not applicable</u></p> <p>9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-5307? <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>Yes</u>) <u>Has driller's log</u></p>	

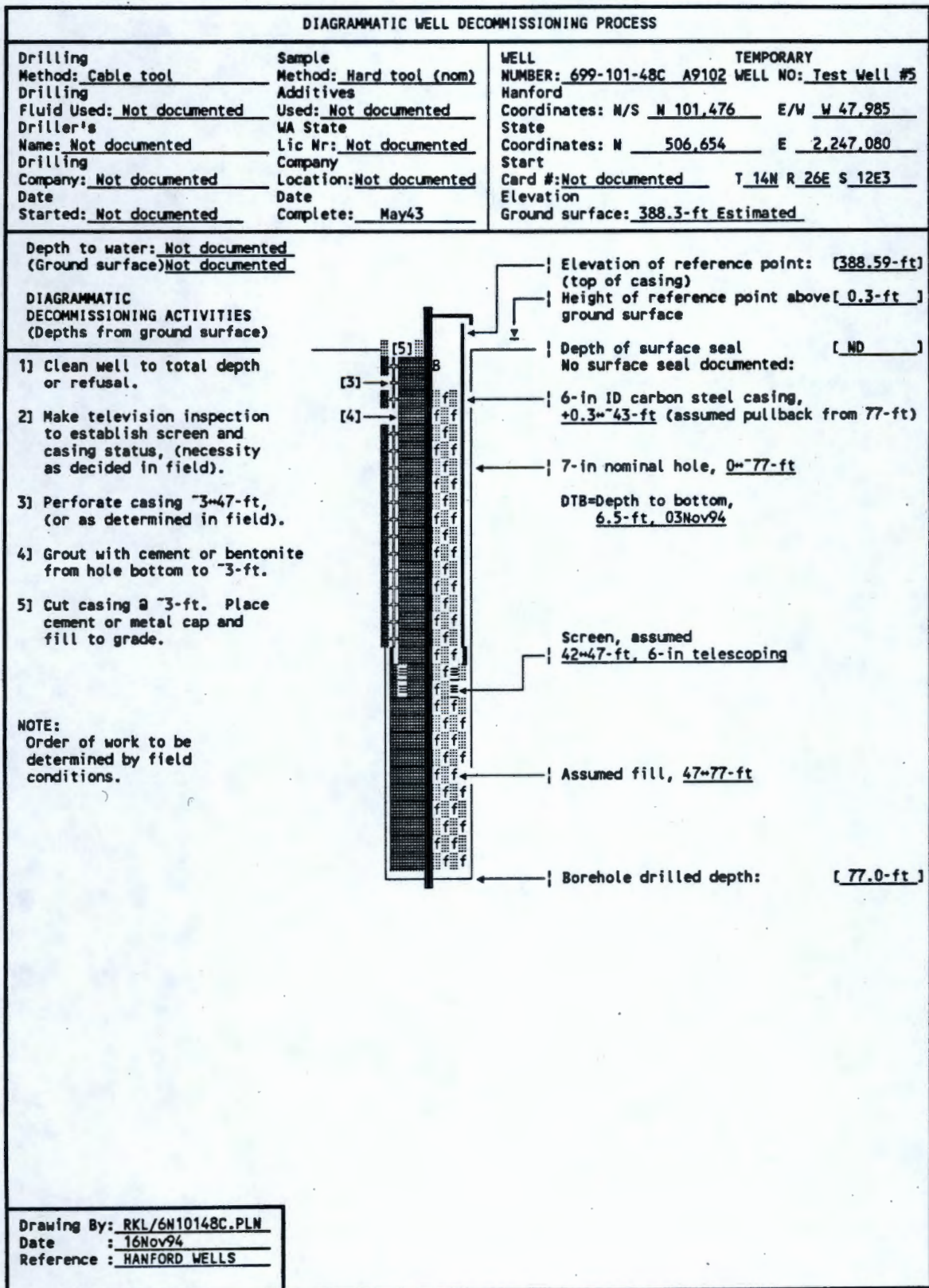
RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST	1. Well No. <u>699-63-89</u> Page 2 of 2
11. Is design and construction IAW WAC 173-160-5407 <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> Not applicable	
11a. Screen commercially fabricated of material nonreactive to subsurface conditions? <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> Not applicable	
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"/> Not applicable	
11c. Well has been developed. <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> Not applicable	
11d. Annulus grouted with bentonite or bentonite/cement mixture. <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> Not applicable	
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"/> Not applicable	
13. Data Sources Used: Logs: Driller's: <u>Soil Sampling Service</u> Date: <u>04/30/73</u> Company: _____ Geologist: <u>R. Ledgerwood</u> Date: <u>04/30/73</u> Company: <u>ARHCO</u> Geophysical: <u>N/A</u> Date: _____ Company: _____ Television: <u>N/A</u> 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>WHC Well Services</u> Date: <u>11/10/94</u> Company: _____ Other: _____ _____	
14. Comments: Identify evaluation criteria addressed by number: _____ _____ _____ _____ _____ _____ _____ _____	
15. Status Well is acceptable for intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> Well lacks seals Well is acceptable for intended use if variance is granted <input type="checkbox"/> <u>NA</u> <input checked="" type="checkbox"/> Not applicable Rehabilitation required to continue intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> Not applicable Remediation required to achieve intended use <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> Well has no identified user Decommission, well is unneeded or cannot be remediated <input type="checkbox"/> <u>Yes</u> <input checked="" type="checkbox"/> Well has no identified need Other _____ <input type="checkbox"/> _____	
16. Status Recommendation Done By: Name: <u>R. K. Ledgerwood</u> Title: <u>Principal Scientist</u> Date: <u>11/16/94</u>	

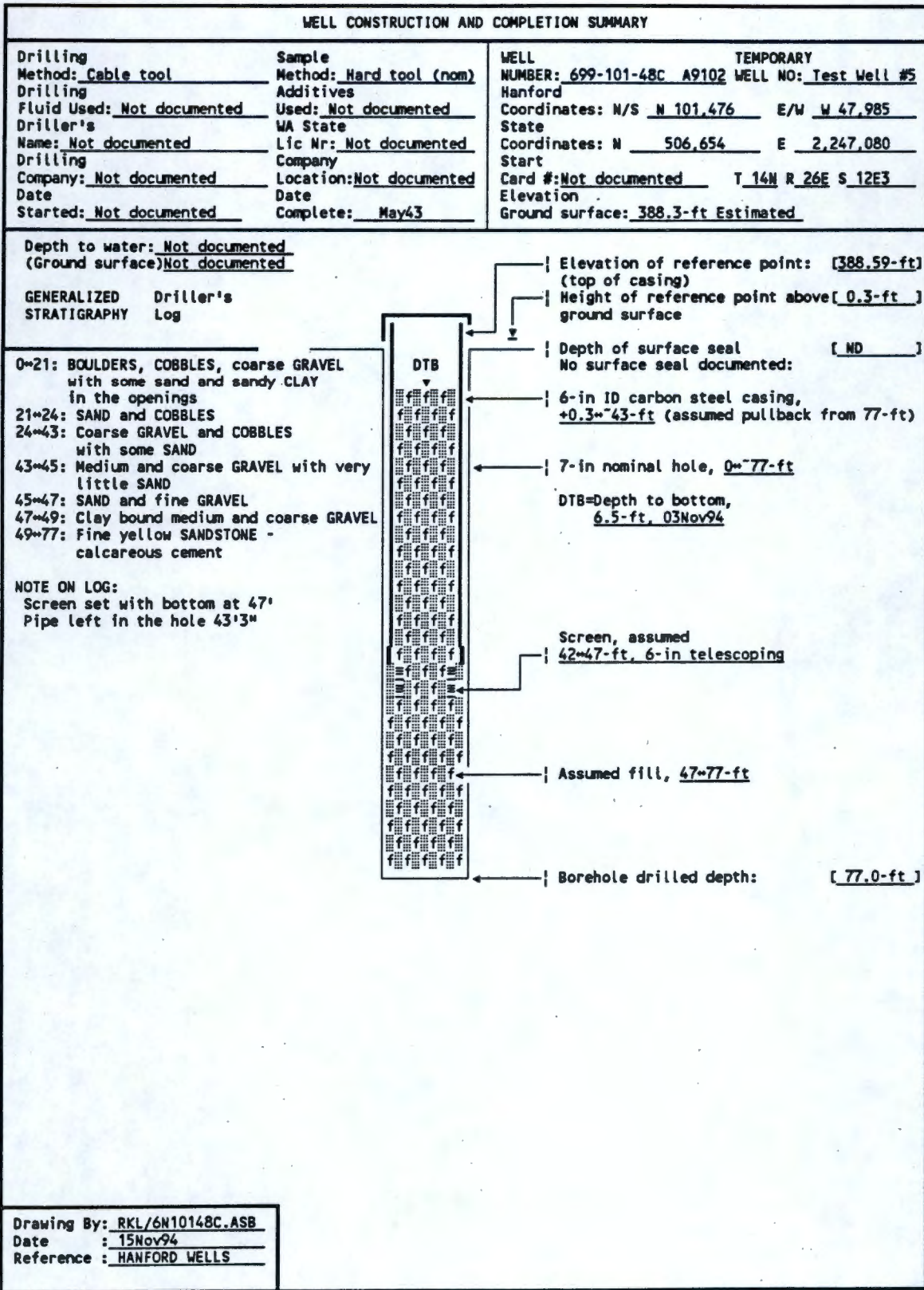




RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST	1. Well No. <u>699-101-48C</u> Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> <u>No potential user identified</u>	
3. Is well presently in use? <input type="checkbox"/> <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 documentation of annular seal</u>	
4a. Natural barriers preserved? <input type="checkbox"/> <u>NA</u> <u>Well terminates within top of unconfined aquifer</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>Yes</u> <u>Capped and locked</u>	
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u> <u>No annular seal documented</u>	
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>NA</u> <u>Penetrates unconfined aquifer only</u>	
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>	
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>N/A</u> <u>Not applicable</u>	
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>N/A</u> <u>Not applicable</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>	
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>Yes</u> <u>Has driller's log</u>	

RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST	1. Well No. 699-101-48C
Page 2 of 2	
<p>11. Is design and construction IAW WAC 173-160-540?</p> <p><input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>11a. Screen commercially fabricated of material nonreactive to subsurface conditions?</p> <p><input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.</p> <p><input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>11c. Well has been developed.</p> <p><input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>11d. Annulus grouted with bentonite or bentonite/cement mixture.</p> <p><input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>12. Does water sample meet established acceptance criteria? Sample is less than 5 NTU and sand free.</p> <p><input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable</p> <p>13. Data Sources Used:</p> <p>Logs:</p> <p>Driller's: <u>Not documented</u> Date: <u>05/30/43</u> Company: _____</p> <p>Geologist: <u>N/A</u> Date: _____ Company: _____</p> <p>Geophysical: <u>N/A</u> Date: _____ Company: _____</p> <p>Television: <u>N/A</u> Date: _____ Company: _____</p> <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>WHC Well Services</u> Date: <u>11/03/94</u> Company: _____</p> <p>Other:</p> <p>_____</p> <p>_____</p> <p>_____</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> <input type="checkbox"/> Well lacks seals</p> <p>Well is acceptable for intended use if variance is granted <input type="checkbox"/> <u>NA</u> <input type="checkbox"/> Not applicable</p> <p>Rehabilitation required to continue intended use <input type="checkbox"/> <u>No</u> <input type="checkbox"/> Not applicable</p> <p>Remediation required to achieve intended use <input type="checkbox"/> <u>No</u> <input type="checkbox"/> Well has no identified user</p> <p>Decommission, well is unneeded or cannot be remediated <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> Well has no identified need</p> <p>Other _____ <input type="checkbox"/> _____</p>	
<p>16. Status Recommendation</p> <p>Done By: Name: <u>R. K. Ledgerwood</u> Title: <u>Principal Scientist</u> Date: <u>11/16/94</u></p>	





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