

**CORRECTIVE ACTION PLAN-PART B**

Facility Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Facility ID: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Submitted by UST Owner/Operator:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Prepared by Consultant/Contractor:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I. PLAN CERTIFICATION:**

**A. UST Owner/Operator Certification**

I hereby certify that the information contained in this plan and in all the attachments is true, accurate, and the plan satisfies all criteria and requirements of rule 391-3-15-09 of the Georgia Rules for Underground Storage Tank Management.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Registered Professional Engineer or Professional Geologist Certification**

I hereby certify that I have directed and supervised the fieldwork and preparation of this plan, in accordance with State Rules and Regulations. As a registered professional geologist and/or professional engineer, I certify that I am a qualified groundwater professional, as defined by the Georgia State Board of Professional Geologists. All of the information and laboratory data in this plan and in all of the attachments are true, accurate, complete, and in accordance with applicable State Rules and Regulations.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Georgia Stamp or Seal

**Check all boxes below that apply.** Attach supporting documentation, i.e., narrative, figures, tables, maps, boring/well logs, etc., for all items checked. Supporting documentation should be three-hole punched and prepared in conformity with the guidance document "Underground Storage Tank (UST) Release: Corrective Action Plan - Part B (CAP-B) Content", GUST-7B.

**II. SITE INVESTIGATION REPORT**

**Not Applicable** The extent of contamination, and the local & site hydrogeology requirements have been fulfilled under the CAP Part A, therefore additional SIR reporting is not necessary.

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**Extent of Contamination:**

Soil                       Groundwater                       Free Product                       Surface water

**Local and Site Hydrogeology:**

Documentation of Local Groundwater Conditions

Stratigraphic Boring Logs

Stratigraphic Cross Sections

Referenced or Documented Calculations of Relevant Aquifer Parameters

Direction of Groundwater Flow

Table of Monitoring Well Data

Potentiometric Map

Flow Net Superimposed on a Base Map

**III. REMEDIAL ACTION PLAN**

**A. Corrective Action Completed or In-Progress:**

Not Applicable

Recovery/Removal of Free Product (Non-Aqueous Phase Hydrocarbons)

Remediation/Treatment of Contaminated Soils

Other (specify)

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**B. Objectives of Corrective Action:**

No Further Action

Remove Free Product That Exceeds One-Eighth Inch

Remediate Groundwater Contamination That Exceeds:

Maximum Contaminant Levels (MCLs)

**OR**

In-stream Water Quality Standards

**B. Objectives of Corrective Action (CONTINUED):**

Remediate Soil Contamination That Exceeds:

Threshold Values Listed In Table A

**OR**

Threshold Values Listed In Table B

**OR**

Alternate Threshold Levels (ATLs) (Reference CAP A App. I)

Provide Risk-Based Corrective Action (Reference CAP B App. I):

Remediate Soil and/or Groundwater Contamination That Exceeds Alternate Concentration Limits (ACLs) and Monitor Residual Contaminants

**OR**

Monitor Soil and/or Groundwater Contamination That Exceeds Levels In Rule – 391-3-15-.09(3).

**C. Design and Operation of Corrective Action Systems:**

Soil    Groundwater    Free Product    Surface water    Not Applicable

**D. Implementation (MUST INCLUDE THE FOLLOWING):**

*NOTE: If No Further Action is proposed and none of the following apply, a brief explanation must be provided with the signed Certificate of Completion.*

- ▶ Milestone schedule for proposed site activities
  
- ▶ Inspection and preventive maintenance schedule for all specialized remediation equipment

**AND / OR**

Monitoring/sampling and reporting plan for measuring interim progress and project completion

- ▶ Plan to decommission equipment/wells and close site

**IV. PUBLIC NOTICE:**

- Not Applicable **The Corrective Action Objectives submitted and approved under the CAP-Part A have not changed.**
- Certified Letters to Adjacent, Potentially Affected Property Owners and Local Officials
- Legal Notice in Newspaper, as approved by EPD
- Other EPD-approved Method (specify) \_\_\_\_\_

**V. CLAIM FOR REIMBURSEMENT (For GUST Trust Fund sites only)**

- Not Applicable (specify) \_\_\_\_\_  
\_\_\_\_\_
- GUST Trust Fund Application - (attach if applicable)
- Cost Proposal:
  - A Total of All Costs Incurred To Date (MUST INCLUDE THE FOLLOWING):
    - ▶ Invoices and Proofs-of-Payment For All Costs Incurred To Date
    - ▶ Invoices itemized on the GUST-4D
    - ▶ All Non-Eligible Costs Clearly Identified as such
    - ▶ Incurred Costs Itemized per GUST-92 form or EPD provided form/specifications
  - A Total of Estimated Costs To Complete Corrective Action
    - ▶ Estimated Costs Itemized per GUST-92 form or EPD provided form or specifications
  - Total Project Costs
- Proposed Schedule For Reimbursement
  - Lump Sum Payment Upon Completion Of Corrective Action
  - OR**
  - Interim Payments With Final Payment Upon Completion
  - OR**
  - EPD Established Payment Schedule