

**CORRECTIVE ACTION PLAN-PART A TEMPLATE**

**2022**

**Instructions for completing the CAP-PART A Template in Microsoft Word:**

* Navigate from cell to cell using the tab key or by right clicking the mouse in the desired cell.
* To activate a check box, place an “x” in the box by left-clicking the box.
* To activate a drop-down menu, click on “Choose an item.”
* The document is locked to allow for data entry only.
* All data entry fields are shaded gray for easy viewing.
* Do not adjust the fields, they automatically expand to accommodate for data entry.

The CAP-Part A Template must contain the following attachments in order:

🗐 **Figures**

* + Figure 1: Vicinity/Location Map from USGS 7.5-minute topographic quadrant)
* Figure 2: Site Plan
* Figure 3: Quadrangle Map - Public and Private drinking water and surface water)
* Figure 4: Soil Quality Map
* Figure 5: Groundwater Quality Map
* Figure 6: Potentiometric Surface Map
* Figure 7: UST System Closure Sampling
* Figure 8: Proposed Boring/Well Location Map
* Figure 9: Tax Map (**Property owners must be identified on the tax map**)

🗐 **Tables**

* Table 1: Summary of Free Product Removal
* Table 2: Soil Analysis Results
* Table 3: Groundwater Analysis Results
* Table 4: Groundwater Elevations
* Table 5: UST System Closure Sampling-Soil Analytical Results
* Table 6: UST System Closure Sampling-Groundwater Analytical Results
* Table 7: Tax Map Data

🗐 **Appendices**

* Appendix I: Report Figures
* Appendix II: Report Tables
* Appendix III: Water Resources Survey Documentation
* Appendix IV: Soil Boring Logs
* Appendix V: Soil Laboratory Reports
* Appendix VI: Monitoring Well Schematics
* Appendix VII: Groundwater Laboratory Results
* Appendix VIII: UST Closure Form, Closure Figures, and Closure Documentation
* Appendix IX: Contaminated Soil Disposal Manifests
* Appendix X: Site Ranking Form
* Appendix XI: Public Notification
* Appendix XII: GUST Trust Fund Reimbursement Information

**Please read the CAP-Part A Guidance Document before completing the remainder of this form. Failure to do so will most likely result in preparation of an unacceptable report.**  All text, figures, and tables requested in their respective sections should be prepared strictly in accordance with the Georgia EPD CAP-Part A Guidance Document. Please fill out this form as provided. Do not change the size of the fields or alter the placement of each section on each page.

**CORRECTIVE ACTION PLAN**

**PART A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility ID:** |  | Facility Name: |  |
| Street Address: |  | County: |  |
| City: |  | Zip Code: |  |

**Submitted by UST Owner/Operator: Prepared by:**

**MUST MATCH GA Secretary of State**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| \***C****ompany**: |  | Company: |  |
| \*Type of Company: | Choose an item. |  |  |
| \*Company Address: |  | Address: |  |
| \*City: |  | City: |  |
| \*State: |  | State: |  |
| \*Zip Code: |  | Zip Code: |  |
| \*Phone: |  | Phone: |  |
| \*Contact Email: |  | Email: |  |

**\*** Required Fields

**I. PLAN CERTIFICATION:**

**A. UST Owner/Operator:**

I hereby certify that the information contained in this plan and in all the attachments is true, accurate, and complete, 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:

1. **Professional Engineer or Professional Geologist:**

I hereby certify that I have directed and supervised the field work 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.

### Georgia Stamp or Seal

Name:

Signature:

Date:

**II. INITIAL RESPONSE REPORT**

# A. Initial Abatement

Were initial abatement actions initiated?  Yes  No

*If yes, please summarize.*

|  |
| --- |
|  |

# B. Free Product Removal

Free Product Detected?  Yes  No

*If yes, please summarize free product recovery efforts.*

|  |
| --- |
|  |

Continuing free product recovery proposed?  Yes  No

*If yes, indicate the method and frequency of removal. Manual bailing or passive skimming* ***is not*** *allowed beyond 60 days.*

|  |
| --- |
|  |

**C. Tank History**

List current and former UST’s operated at site based on owner/operator knowledge (consistent with EPA 7530-1 Form).

**CURRENT UST SYSTEMS (if applicable)**  **Not Applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tank ID Number** | **Capacity (gal)** | **Substance Stored** | **Age (yrs)** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**FORMER UST SYSTEMS (if applicable)  Not Applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tank ID Number** | **Capacity (gal)** | **Substance Stored** | **Date Removed or Abandoned in Place** |
|  |  |  |  |
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# D. Initial Site Characterization

**1. Regulated Substance Released (gasoline, diesel, used oil, etc.):**

Discuss how this determination was made and circumstances of discovery (i.e., previous work, Phase II, tank closure reports).

|  |
| --- |
|  |

**2. Source(s) of Contamination:**

*Discuss how this determination was made.*

|  |
| --- |
|  |

**3. Local Water Resources:**

|  |  |
| --- | --- |
| Check the methods used to identify all potential water resources within the search radii. Check the “documentation provided” box if documentation was provided. | |
|  | |
| Detailed field reconnaissance | Documentation provided? |
| USGS database search | Documentation provided? |
| EPD database | Documentation provided? |
| Communication log with city/county authority | Documentation provided? |
| Surveyed neighbors | Documentation provided? |
| Other (specify) | Documentation provided? |

|  |  |  |  |
| --- | --- | --- | --- |
| a. **Site Located in:** | High/average susceptibility area | | Low susceptibility area |
|  | | | |
| b. **Water Supplies within applicable radii?** | Yes | No | |
| If yes to b. above,   1. Exact distance to nearest   Public water supply | feet | Direction from Release? | |
| 1. Exact distance to nearest down-   gradient public water supply | feet | Direction from Release? | |
| 1. Exact distance to nearest non-   public water supply | feet | Direction from Release? | |
| 1. Exact distance to nearest down-   gradient non-public water supply | feet | Direction from Release? | |

|  |  |  |
| --- | --- | --- |
| c. **Surface Water Bodies and Sewers:** | | |
| 1. Distance to the nearest surface   water body: | feet | Direction from Release? |
| 1. Distance to nearest downgradient   surface water body: | feet | Direction from Release? |
| 1. Distance to nearest storm or   sanitary sewer: | feet | Direction from Release? |
| 1. Depth to bottom of sewer at the   point nearest the plume: | feet | Direction from Release? |

###### Environmental Media

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. **Soil Impacted?** | Yes | | No | |
| If yes, what is the soil threshold  level for benzene? | mg/kg | | | |
| Specify which method used for sampling VOC’s | Encore | Syringe | | |
| Provide a brief discussion of soil sampling. | | | | |
| Is soil contamination above applicable threshold levels? | Yes | | | No |
| If yes, indicate highest benzene concentration in soil. | mg/kg | | | |
| Give the Sample ID for the sample above: |  | | | |
| Also, give the depth at which it  was detected: | ft | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| b. **Groundwater Impacted?** | Yes | | No | |
| If yes, check which water quality standard applies? | Drinking Water Standard MCL) | | In-Stream Water Quality Standards (ISWQS) | |
| Provide a brief discussion of groundwater sampling. | | | | |
| 1. Groundwater contamination   above MCLs? | | Yes | | No |
| 1. Groundwater contamination   above In-Stream Water  Quality Standards? | | Yes | | No |
| If yes, indicate highest benzene concentration and the monitoring well number. | | µg/l | | MW # |
| c. **Surface Water Impacted?** | | Yes | | No |
| If yes, indicate benzene concentration(s) of surface water  sample(s) taken from the surface  water body impacted. | |  | | |
|  | | | | |
| d. **Point of Withdrawal Impacted?** | | Yes | | No |
| If Yes, indicate benzene concentration(s) of water sample(s) taken from withdrawal point(s). | |  | | |

1. **Other Geologic/Hydrogeologic Data**

|  |  |
| --- | --- |
| a. Depth to groundwater (range): |  |
| b. Groundwater Flow Direction: |  |
| c. Hydraulic Gradient: |  |
| d. Physiographic Province |  |
| 1. Unique hydrogeologic/geologic   conditions |  |

**6. Corrective Action Completed**  **Not Applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| UST System Closed? | Yes  No | UST Closure Report Attached? | Yes  No |
| Phase II Completed? | Yes  No | Phase II Attached? | Yes  No |

**7. Site Ranking:**

|  |  |
| --- | --- |
| Environmental Site Sensitivity Score: |  |

**8. Conclusions and Recommendations**

*Choose one option below only and provide justification for the option selected.*

a. **No Further Action Required**

|  |
| --- |
| Justification: |

b. **Implement SIP followed by completion and submittal of SISR**

|  |
| --- |
| Justification: |

c. **CAP-Part B**

Note: Only if delineation has been adequately achieved in the CAP-Part A

|  |
| --- |
| Justification: |

**III. SITE INVESTIGATION PLAN:**  **Not Applicable**

**A. Proposed Horizontal & Vertical Delineation of Contamination**

Check all that apply and provide a brief discussion

|  |  |
| --- | --- |
| 1. Soil |  |
| 2. Groundwater |  |
| a. Free Product |  |
| b. Dissolved Phase |  |
| 3. Surface Water |  |

B. Proposed Investigation of Vadose Zone, and Aquifer Characteristics:

IV. PUBLIC NOTICE

**V. REIMBURSEMENT (CHECK IF APPLICABLE) Yes  No**

Note: This must be included in the CAP-Part A; submitted separately will cause delays and possibly penalties.

**A. Type of GUST Trust Fund Coverage:**

2-Party Reimbursement for Incurred Costs

Direct Reimbursement to Responsible Party for Incurred Costs

State Contractor Oversight

**B. Reimbursement Documents** **(Check All That Are Attached)**:

**Invoices**: Must be legible with support documentation, i.e., Rate Sheet, Sub-Contractor invoices, etc.

**Cost Review Forms (CRFs)**: Summary Page(s), Task Page(s), and the GUST 4-D (list of invoices with details).

Note: The Scope of Work for each Task should also reference the associated invoice #(s) covering this work.

**Payment Request Form (formerly GUST-4A)**: This form must be signed by an authorized representative for the Responsible Party (Payee) and be an original signature.

**Proof of Payment (Check which one is provided with submittal)**:

Front and back copies of CANCELED check or check image from online banking website

Owner/Operator Direct Payment [Notarized] Affidavit

2-Party Reimbursement [Notarized] Affidavits or 2-Party Declaration Documents (do not need to be notarized)

**TABLE 1: FREE PRODUCT REMOVAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monitoring Well Number | | | | | |
| Date of Measurement | Groundwater  Elev. (ft) | Product Thickness\*  (ft) | Corrected  Water Elev. (ft) | Method Used | Product  Removed  (gal) |
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| TOTAL | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| Monitoring Well Number | | | | | |
| Date of Measurement | Groundwater  Elev. (ft) | Product Thickness\*  (ft) | Corrected  Water Elev. (ft) | Method Used | Product  Removed  (gal) |
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| TOTAL | | | | |  |

NOTES:

##### Prepared by:       Reviewed by:

##### Date:       Date:

\*Free product thickness at time of measurement, prior to initiating recovery.

###### TABLE 2a: SOIL ANALYTICAL RESULTS

(VOLATILE ORGANIC COMPOUNDS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sample Location | Depth (ft) | Date Sampled | Benzene (mg/kg) | Toluene (mg/kg) | Ethyl  Benzene  (mg/kg) | Xylenes (mg/kg) | Total  BTEX (mg/kg) | MTBE  (mg/kg) | TPH  (mg/kg) |
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| Applicable Standards | | |  |  |  |  | N/A | N/A | N/A |

NOTES:

##### Prepared by:       Reviewed by:

Date:       Date:

**TABLE 2b: SOIL ANALYTICAL RESULTS**

(POLYNUCLEAR AROMATIC HYDROCARBON)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sample ID | Depth (ft) | Date Sampled | DETECTED PAH COMPOUNDS (mg/kg) | | | | | |
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\*Soil Concentrations are to be in mg/kg units.

NOTES:

##### Prepared by:       Reviewed by:

##### Date:       Date:

**TABLE 3a: GROUNDWATER ANALYTICAL RESULTS**\*

(VOLATILE ORGANIC COMPOUNDS)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Well Number | Date Sampled | Benzene (µg/l) | Toluene (µg/l) | Ethyl  Benzene (µg/l) | Xylenes (µg/l) | Total BTEX (µg/l) | MTBE  (µg/l) |
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| Applicable Standards | |  |  |  |  | N/A | N/A |

**TABLE 3b: GROUNDWATER ANALYTICAL RESULTS**\*

(POLYNUCLEAR AROMATIC HYDROCARBON)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Well Number | Date Sampled | Detected PAH Compounds (µg/l) | | | | | |
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| Applicable Standards | |  |  |  |  |  |  |

\*Groundwater concentrations are to be in µg/l

NOTES:

##### Prepared by:       Reviewed by:

##### Date:       Date:

**TABLE 4: GROUNDWATER ELEVATIONS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Well Number | Date Measured | Ground Surface Elevation (ft) | Top of Casing Elevation (ft) | Depth of Screened Interval\*  (Range in ft) | Depth of Free Product\* (ft) | Water Depth (ft) | Product Thickness (ft) | Specific Gravity Adjustment | Corrected Groundwater Elevation (ft) |
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\* Do not use elevation when depth is required.

NOTES:

##### Prepared by:       Reviewed by:

##### Date:       Date:

**TABLE 5a: UST SYSTEM CLOSURE - SOIL ANALYTICAL RESULTS**

(VOLATILE ORGANIC COMPOUNDS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sample Location | Depth (ft) | Date Sampled | Benzene (mg/kg) | Toluene (mg/kg) | Ethyl  Benzene  (mg/kg) | Xylenes (mg/kg) | Total  BTEX (mg/kg) | MTBE  (mg/kg) | TPH  (mg/kg) |
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| Applicable Standards | | |  |  |  |  | N/A | N/A | N/A |

NOTES:

##### Prepared by:       Reviewed by:

Date:       Date:

**TABLE 5b: UST SYSTEM CLOSURE - SOIL ANALYTICAL RESULTS**

(POLYNUCLEAR AROMATIC HYDROCARBON)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sample ID | Depth (ft) | Date Sampled | DETECTED PAH COMPOUNDS (mg/kg) | | | | | |
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NOTES:

##### Prepared by:       Reviewed by:

Date:       Date:

**TABLE 6a: UST SYSTEM CLOSURE - GROUNDWATER ANALYTICAL RESULTS**

(VOLATILE ORGANIC COMPOUNDS)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Well Number | Date Sampled | Benzene (µg/l) | Toluene (µg/l) | Ethyl  Benzene (µg/l) | Xylenes (µg/l) | Total BTEX (µg/l) | MTBE  (µg/l) |
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| Applicable Standards | |  |  |  |  | N/A | N/A |

**TABLE 6b: UST SYSTEM CLOSURE - GROUNDWATER ANALYTICAL RESULTS**

(POLYNUCLEAR AROMATIC HYDROCARBON)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Well Number | Date Sampled | Detected PAH Compounds (µg/l) | | | | | |
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| Applicable Standards | |  |  |  |  |  |  |

NOTES:

##### Prepared by:       Reviewed by:

Date:       Date:

**TABLE 7: TAX MAP DATA**

|  |  |  |
| --- | --- | --- |
| Parcel # | Owner Name | Owner Address |
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##### Prepared by:       Reviewed by:

Date:       Date: