**GA UST SITE INVESTIGATION SUMMARY REPORT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility ID:** |  | | | | | Submittal Date: | | |  | |
| Monitoring Report Number: | | |  | | Report Date Range: | | | | to | |
| Facility Name: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| City: |  | | | | County: | |  | | | |
| Zip Code: |  | Latitude: | |  | | | | Longitude: | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Submitted by UST Owner/Operator:** | | | | **Prepared by Consultant/Contractor:** | | | |
| Name: |  | | | Name: |  | | |
| Company: |  | | | Company: |  | | |
| Address: |  | | | Address: |  | | |
| City: |  | State: |  | City: |  | State: |  |
| Zip Code: |  | | | Zip Code: |  | | |
| Telephone: |  | | | Telephone: |  | | |

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

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.

Name:

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

### Georgia Stamp or Seal

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

\_

G

**II. PROJECT SUMMARY**

*(Figure 1: Site Location Map)*

*Provide a brief description or explanation of the site and a brief chronology of environmental events leading up to this report. Include:*

* *Approved CAP-Part B date:*
* *Nearest receptor exact distance/direction:*
* *Last free product date, location(s), and thickness*

**III. ACTIVITIES AND ASSESSMENT OF EXISTING CONDITIONS**

A. Potentiometric Data:

*(Figure 2a and 2b: Potentiometric Surface Maps)*

*(Table 1: Groundwater Elevations)*

*Tabulate all historical data and illustrate last 2 monitoring events findings in Figures 2a and 2b. Discuss groundwater flow and elevation changes for the last 2 events and implications for this site.*

B. Analytical Data:

*(Figure 3a and 3b: Groundwater Quality Maps)*

*(Figure 4: Trend of Contaminant Concentrations)*

*(Table 2: Groundwater Analytical Results)*

*(Appendix I: Laboratory Analytical Data Sheets)*

*Tabulate all historical analytical data in Table 2, illustrate last two events findings in Figures 3a and 3b, and discuss groundwater analytical results to include overall trend of contaminant concentrations with supporting graph(s) as Figure 4(a,b,c…).* *Not all locations need a trend graph.* *Simply stating concentrations is not acceptable. Regression analysis is strongly recommended.*

C. Other Activities:

*Discuss other site activities such as well installations, problems, notable issues, etc.*

**IV. SITE RANKING *(Note: re-rank site with latest sampling data)***

*(Appendix II: Site ranking results)*

Environmental Site Sensitivity Score:

**V. CONCLUSIONS/RECOMMENDATIONS**

*Briefly discuss proposed or recommended actions for this site. Provide detailed justification if No-Further-Action-required is requested.*

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

(Appendix III: The following information must be provided if Applicable.)

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 Provided)**:

Front & Back Copies of Canceled Check or Other Documentation

2-Party Reimbursement Affidavits

**Facility Name**

**Facility Address**

**County, Facility ID \*Release**

**TABLE 1: GROUNDWATER ELEVATIONS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Well Number** | **Date of Measurement** | **Ground Surface Elev. (ft)** | **Top of Casing Elev. (ft)** | **Screened Interval Depth (ft)** | **Water Level Depth (ft)** | **Free Product Depth (ft)** | **Free Product Thickness (ft)** | **Groundwater Elev. (ft)** |
| MW-1 | Date 1 |  |  |  |  |  |  |  |
|  | Date 2 |  |  |  |  |  |  |  |
| MW-2 | Date 1 |  |  |  |  |  |  |  |
|  | Date 2 |  |  |  |  |  |  |  |
| etc |  |  |  |  |  |  |  |  |

Do not use elevation when depth is required.

**Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Facility Name**

**Facility Address**

**County, Facility ID \*Release**

**TABLE 2: GROUNDWATER ANALYTICAL RESULTS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Well Number** | **Date Sampled** | **Benzene (ug/L)** | **Toluene (ug/L)** | **Ethyl-benzene (ug/L)** | **Xylenes (ug/L)** | **Total BTEX (ug/L)** | **Total PAHs (ug/L)** | **MTBE**  **(ug/L)** |
| MW-1 | Date 1 |  |  |  |  |  |  |  |
|  | Date 2 |  |  |  |  |  |  |  |
| MW-2 | Date 1 |  |  |  |  |  |  |  |
|  | Date 2 |  |  |  |  |  |  |  |
| etc |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Applicable Standards**  **MCL/ISWQS/ACL** | |  |  |  |  |  |  |  |

Use ug/L only.

**Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Facility Name**

**Facility Address**

**County, Facility ID \*Release**

**Table 3: Summary of HVR Events**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Duration** | **Wells Used** | **Product Thickness**  **(pre-event)** | **Product Thickness**  **(post-event)** | **Total Fluid Recovered** | **Equivalent Gallons recovered** |
|  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |
| **Total** | | | | |  |  |