**SUSPECTED RELEASE SITE CHECK REPORT**

**Underground Storage Tank (UST) SITE CHECK REPORT INSTRUCTIONS:**

In accordance with Rule 391-3-15-.08, release confirmation steps shall be completed within seven (7) days. A Suspected Release Site Check Report shall be submitted to the UST Management Program (USTMP) within thirty (30) days of completion of release confirmation activities. The report shall be an original submittal. The Suspected Release Site Check Report form is completed electronically and uses checkboxes, drop down menus and text fields. The electronically completed form and tables are formatted to assist the USTMP to capture entries electronically.

|  |  |
| --- | --- |
| **Date of Site Check Report:** | Click to selectdate**.** |
| **Facility Name** | **Facility ID Number** | **County** |
| Click here to enter text. | Click to enter text. | Click to enter text. |

**I. EXECUTIVE SUMMARY**

 Provide an executive summary of this report including a summary of results, conclusions and recommendations

**II. APPENDICES CHECKLIST**

The Suspected Release Site Check Report is not complete unless the following supporting documentation, if applicable, is attached in the Appendices and in the order specified in the table below. If an appendix is not applicable (N/A), then the checklist below should reflect the that determination.

|  |
| --- |
| **APPENDICES CHECKLIST** |
| Appendix | Documentation Description | Attached? |
| Yes | N/A |
| A | EPD USTMP Suspected Release Correspondence  | [ ]  |  |
| B | Site Map | [ ]  |  |
| C | Original Signed Laboratory Certificates of Analysis | [ ]  |  |
| Original Laboratory Chain of Custody | [ ]  |  |
| D | Disposal Manifest(s) and Weight Tickets for Soil  | [ ]  | [x]  |
| Disposal Manifest(s) for Water and/or Product | [ ]  | [ ]  |
| E | Photographs | [ ]  | [ ]  |

**III. UST FACILITY, OWNER, CONSULTANT &/OR CONTRACTOR INFORMATION**

1. **Facility Information**

|  |  |
| --- | --- |
| Facility ID Number: | Click here to enter text. |
| County: | Click here to enter text. |
| Facility Name: | Click here to enter text. |
| Street Address (**No** P.O. Box): | Click here to enter text. |
| Phone Number (+ area code): | Click here to enter text. |

**B. Tank Owner Information**

|  |  |
| --- | --- |
| Owner Name: | Click here to enter text. |
| Owner Company Name: | Click here to enter text. |
| Owner Mailing Address: | Click here to enter text. |
| Phone Number (+ area code): | Click here to enter text. |

**C. Environmental/Engineering Consultant or Contractor Information**

|  |  |
| --- | --- |
| Company Name: | Click here to enter text. |
| Company Representative: | Click here to enter text. |
| Company Mailing Address: | Click here to enter text. |
| Phone Number (+ area code): | Click here to enter text. |

**IV. SUSPECTED RELEASE SITE CHECK INFORMATION**

**A. Excavated Material Management**

1. Was any soil/gravel excavated during site check activities?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: | [ ]  | No: | [ ]  |

**If soil/gravel was not excavated during site check activities, then proceed to B Water &/or Free Product Management.**

1. Was all contaminated soil above applicable cleanup levels excavated?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: | [ ]  | No: | [ ]  |

1. **Water &/or Free Product Management**
2. Check the applicable boxes below:

|  |  |
| --- | --- |
| Free product was not encountered: | [ ]  |
| Water was not encountered: | [ ]  |

**If both free product and water were not encountered during site check activities, then proceed to V. Site Check Conclusions.**

1. Describe where water &/or free product was encountered including depth, thickness and type of product, if known. Also provide the method of recovery and treatment/disposal location.

1. Did water &/or free product recharge? If yes, describe what specifically recharged. If water recharged, it is to be sampled and results discussed here.

**V. SITE CHECK CONCLUSIONS**

1. **Summary of Site Conditions**

Select the applicable boxes below to characterize site conditions at the completion of the site check.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **N/A** | **Site Conditions at Completion of Site Check Activities** |
| [x]  | [ ]  | [ ]  | Soil COCs were below applicable cleanup levels |
| [ ]  | [ ]  | [ ]  | Free product was encountered before or during site check  |
| [ ]  | [ ]  | [ ]  | Free product was removed and is no longer present |
| [ ]  | [ ]  | [ ]  | Ground water was encountered during site check activities |
| [ ]  | [ ]  | [ ]  | Ground water was removed and did not recharge |
| [ ]  | [ ]  | [ ]  | Ground water COCs from recharge water were below applicable cleanup levels |

1. **Conclusions and Recommendations**

Based on the site conditions selected above, what conclusion is recommended for this site check?

|  |  |
| --- | --- |
| [x]  | A release is not confirmed and No Further Action is warranted |
| [ ]  | Additional site assessment under a Corrective Action Plan (CAP)-Part A is warranted. |
| [ ]  | Other recommendation. In the space below, provide the recommendation and include specific details: |