

CORRECTIVE ACTION PLAN PART A

TEMPLATE

CORRECTIVE ACTION PLAN PART A

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 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: _____
Date: _____ Georgia Stamp or Seal

General: READ THE GUIDANCE DOCUMENT FOR CAP PART-A BEFORE COMPLETING THIS FORM. FAILURE TO READ THE GUIDANCE DOCUMENT 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-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.

(Appendix I: All Report Figures)

(Appendix II: All Report Tables)

II. INITIAL RESPONSE REPORT

A. Initial Abatement

Were initial abatement actions initiated? YES____ NO____
If Yes, please summarize. If No, please explain why not.

B. Free Product Removal

(Table 1: Summary of Free Product Removal - must include Free Product thickness in each well in which it was detected, and volume of product removed)

Free Product Detected? YES____ NO____
If Yes, please summarize free product recovery efforts.

Continuing free product recovery proposed? YES____ NO____
If yes, please indicate the method and frequency of removal.

C. Tank History

List current and former UST's operated at site based on owner/operator knowledge (consistent with EPA 7530-1 Form). Systems must be illustrated on Figure 2 (Site Plan), as described in section D below.

CURRENT UST SYSTEMS (if applicable)

<u>Tank ID Number</u>	<u>Capacity (gal)</u>	<u>Substance Stored</u>	<u>Age (yrs)</u>	<u>Meets 1998 Upgrade Standards (Yes/No)</u>
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FORMER UST SYSTEMS (if applicable)

<u>Tank ID Number</u>	<u>Capacity (gal)</u>	<u>Substance Stored</u>	<u>Date Removed</u>
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D. Initial Site Characterization

(Figure 1: Vicinity/Location Map)
(Figure 2: Site Plan)

1. Regulated Substance Released (gasoline, diesel, used oil, etc.):_____.
Discuss how this determination was made and circumstances of discovery.

2. Source(s) of Contamination:_____.
Discuss how this determination was made.

3. Local Water Resources

(Figure 3: Quadrangle Map - Public and Private drinking water and surface water)

(Appendix III: Water resources survey documentation, including, but not limited to: USGS database search, interview forms, and documentation of field survey)

a. *Site located in high/average ___ OR low ___ groundwater pollution susceptibility area?*

b. *Water Supplies within applicable radii? YES___ NO___*

If yes,

i. Nearest public water supply located within: _____feet

ii. Nearest down-gradient public water supply located within: _____feet

iii. Nearest non-public water supply located within: _____feet

iv. Nearest down-gradient non-public water supply located within: _____feet

c. *Surface Water Bodies and sewers:*

i. Nearest surface water located within: _____feet

ii. Nearest down-gradient surface water located within: _____feet

iii. Nearest storm or sanitary sewer located within _____feet

iv. Depth to bottom of sewer at a point nearest the plume: _____feet

4. Impacted Environmental Media

a. *Soil Impacted*

(Table 2: Soil Analysis Results)

(Figure 4: Soil Quality Map)

(Appendix IV: Soil Boring Logs)

(Appendix V: Soil Laboratory Reports)

(Appendix VI: ATL Calculations, if applicable)

Provide a brief discussion of soil sampling.

I. *Soil contamination above applicable threshold levels ?*

YES ____ NO ____

If yes, indicate highest concentrations in soil along with locations and depths detected.

ii. *ATLs calculated?*

YES ____ NO ____

If yes, present ATLs.

iii. *If ATL's calculated, is soil contamination above ATL's?*

YES ____ NO ____ N/A ____

b. *Groundwater Impacted*

(Table 3: Groundwater Analysis Results)

(Figure 5: Groundwater Quality Map)

(Appendix VII: Monitoring Well Details)

(Appendix VIII: Groundwater Laboratory Results)

Provide a brief discussion of groundwater sampling.

I. *Groundwater contamination above MCLs?* YES ____ NO ____

ii. *Groundwater contamination above In-Stream Water Quality Standards?*

YES ____ NO ____

If yes, indicate highest concentrations in groundwater along with the locations.

c. *Surface Water Impacted?* YES___ NO___
If Yes, indicate concentration(s) of surface water sample(s) taken from the surface water body/bodies impacted.

d. *Point of Withdrawal Impacted?* YES___NO___N/A___
If Yes, indicate concentration(s) of water sample(s) taken from withdrawal point(s).

5. Other Geologic/Hydrogeologic Data

a. *Depth to Groundwater:* _____ (Table 4: Groundwater Elevations)

b. *Groundwater Flow Direction:* _____ (Figure 6: Potentiometric Surface Map)

c. *Hydraulic Gradient:* _____

d. *Geophysical Province:* _____

e. *Unique geologic/hydrogeological conditions:* _____

6. Corrective Action Completed or In-Progress (if applicable)

(Table 5: UST System Closure Sampling)

(Figure 7: UST System Closure Sampling)

(Appendix IX: Contaminated Soil Disposal Manifests)

a. *Underground Storage Tank (UST) System Closure:* N/A___
If applicable, summarize UST system closure activities conducted.

- b. Excavation and Treatment/Disposal of Backfill Materials and Native Soils
Check one: No UST removal performed _____
Returned to UST excavation _____
Excavated soils treated or disposed off site _____
If soils were excavated, summarize excavation and treatment/disposal activities:

7. Site Ranking:
Environmental Site Sensitivity Score: _____
(Appendix X: Site Ranking Form)

8. Conclusions and Recommendations
Complete applicable section below, one section only

a. No Further Action Required (if applicable) N/A_____
(provide justification)

b. Monitoring Only (if applicable) N/A_____
(provide justification)

c. CAP-B (if applicable) N/A_____
(provide justification)

III. MONITORING ONLY PLAN (if applicable): N/A_____

A. Monitoring points

B. Period/Frequency of monitoring and reporting

C. Monitoring Parameters

D. Milestone Schedule

E. Scenarios for site closure or CAP-Part B

IV. SITE INVESTIGATION PLAN (if applicable): N/A_____

(Figure 8: Proposed additional boring/monitoring well location)

A. Proposed Investigation of Horizontal and Vertical Extent of Contamination In:

1. Soil N/A_____

2. Groundwater

a. Free Product

N/A____

b. Dissolved phase

N/A____

3. Surface Water

N/A____

B. Proposed Investigation of Vadose Zone And Aquifer Characteristics:

V. PUBLIC NOTICE

(Figure 9. Tax Map)

(Appendix XI: Copies of public notification letters & certified return receipts or newspaper notice if approved)

VI. CLAIM FOR REIMBURSEMENT (for GUST Trust Fund sites only): N/A_____

(Appendix XII: GUST Trust Fund Reimbursement Application and Claim for Reimbursement)

Facility Name
 Facility Address
 County, Facility ID Number

TABLE 1: FREE PRODUCT REMOVAL

[monitoring well number]				
Date of Measurement	Groundwater Elev. (ft)	Product Thickness (ft)	Corrected Water Elev. (ft)	Product Removed (gal)
TOTAL				

[monitoring well number]				
Date of Measurement	Groundwater Elev. (ft)	Product Thickness (ft)	Corrected Water Elev. (ft)	Product Removed (gal)
TOTAL				

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____

Facility Name
 Facility Address
 County, Facility ID Number

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)	TPH (mg/kg)
Applicable Standards								

TABLE 2b: SOIL ANALYTICAL RESULTS
 (POLYNUCLEAR AROMATIC HYDROCARBON)

Sample Location	Depth (ft)	Date Sampled	Detected PAH Compounds (mg/kg)					Total PAHs (mg/kg)
Applicable Standards								

NOTE:

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____

Facility Name
 Facility Address
 County, Facility ID Number

TABLE 3a: GROUNDWATER ANALYTICAL RESULTS
 (VOLATILE ORGANIC COMPOUNDS)

Well Number	Date Sampled	Benzene (ug/l)	Toluene (ug/l)	Ethyl-benzene (ug/l)	Xylenes (ug/l)	Total BTEX (ug/l)
Applicable Standards						

TABLE 3b: GROUNDWATER ANALYTICAL RESULTS
 (POLYNUCLEAR AROMATIC HYDROCARBON)

Sample Location	Depth (ft)	Date Sampled	Detected PAH Compounds (mg/kg)						Total PAHs (mg/kg)
Applicable Standards									

NOTE:

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____

Facility Name
 Facility Address
 County, Facility ID Number

TABLE 4: GROUNDWATER ELEVATIONS

Well Number	Date Measured	Ground Surface Elev. (ft)	Top of Casing Elev. (ft)	Depth of Screened Interval (ft)	Depth of Free Product (ft)	Water Depth (ft)	Product Thickness (ft)	Spec. Grav. Adjustment	Corrected Groundwater Elev. (ft)

NOTE:

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____

Facility Name
 Facility Address
 County, Facility ID Number

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)	TPH (mg/kg)
Applicable Standards								

TABLE 5b: UST SYSTEM CLOSURE - SOIL ANALYTICAL RESULTS
 (POLYNUCLEAR AROMATIC HYDROCARBON)

Sample Location	Depth (ft)	Date Sampled	Detected PAH Compounds (mg/kg)					Total PAHs (mg/kg)
Applicable Standards								

NOTE:

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____

Facility Name
 Facility Address
 County, Facility ID Number

TABLE 6a: UST SYSTEM CLOSURE - GROUNDWATER ANALYTICAL RESULTS
 (VOLATILE ORGANIC COMPOUNDS)

Well Number	Date Sampled	Benzene (ug/l)	Toluene (ug/l)	Ethyl-benzene (ug/l)	Xylenes (ug/l)	Total BTEX (ug/l)
Applicable Standards						

TABLE 6b: UST SYSTEM CLOSURE - GROUNDWATER ANALYTICAL RESULTS
 (POLYNUCLEAR AROMATIC HYDROCARBON)

Sample Location	Depth (ft)	Date Sampled	Detected PAH Compounds (ug/l)					
Applicable Standards								

NOTE:

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____