

OVER-EXCAVATION REPORT FORM



**KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
200 FAIR OAKS LANE, SECOND FLOOR
FRANKFORT, KENTUCKY 40601
502-564-5981
<http://waste.ky.gov/ust>**

FOR STATE USE ONLY

ALL FIELDS SHALL BE COMPLETED IN ORDER FOR THE UST BRANCH TO DETERMINE TECHNICAL COMPLETENESS.

GENERAL INFORMATION

Agency Interest No.:	Site Name:	Site Address:
Latitude and Longitude of UST Facility: Latitude: Longitude:	County:	

CONTACT INFORMATION:

UST System Owner Name:		Property Owner Name:		<input type="checkbox"/> Check if same as UST System Owner.	
Address:		Address:			
City:	County:	Zip code:	City:	County:	Zip code:
Telephone:	Fax:	E-mail:	Telephone:	Fax:	E-mail:

1. SITE INFORMATION

APPLICABLE REGULATION	INCIDENT OR ERT NUMBERS & DATES	
<input type="checkbox"/> 2011 Regulations <input type="checkbox"/> Regulations in effect prior to 4/18/94	1 _____	2 _____
	3 _____	4 _____

SITE STATUS	SCREENING LEVELS	
Confirmed soil contamination above screening levels: On-site: <input type="checkbox"/> Yes <input type="checkbox"/> No Off-site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Confirmed groundwater contamination above screening levels: On-site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Off-site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	SOIL: <input type="checkbox"/> Class A <input type="checkbox"/> Class B Soil Matrix Table 1 <input type="checkbox"/> Class B Soil Matrix Table 2 <input type="checkbox"/> Class B Soil Matrix Table 3 <input type="checkbox"/> Levels in effect prior to 4/18/94 <input type="checkbox"/> Other – Variance Approved	GROUNDWATER (On-Site): <input type="checkbox"/> Groundwater Table I <input type="checkbox"/> Groundwater Table II <input type="checkbox"/> Groundwater Table III <input type="checkbox"/> Other – Variance Approved <input type="checkbox"/> N/A

2. ATTACHMENTS

(provide the following attachments to this report in accordance with Section 10.2 of the Site Investigation Outline)

- Laboratory data sheets and chains-of-custody
- Historical data tables
- Weigh tickets summary sheets for soil disposal or treatment at a permitted facility (individual weigh tickets are not required with the technical report, but are required with the submittal of the claim for reimbursement);
- A site map illustrating the initial excavation zone, previous soil and groundwater sampling locations, and the over-excavation area superimposed with confirmatory soil sample locations labeled;
- Photographs of field work.

3. OVER-EXCAVATION NARRATIVE

Provide a narrative describing over-excavation activities, an indication of the presence or absence of water in the over-excavation, and the volume of water removed, if encountered, etc.

4. CONCLUSIONS AND RECOMMENDATIONS

Provide conclusions and recommendations regarding future corrective action activities, or a recommendation for no further action.

5. OVER-EXCAVATION REPORT CERTIFICATION

Under the requirements of KRS Chapter 322 and 322A, this report shall be completed and signed by a P.E. licensed with the Kentucky State Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify that the information submitted herewith, including all attached documents, is true, accurate, and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

Name and Title (Type or Print): _____

Signature/Date: _____

Registration Number, Date and Seal: _____

