

SITE CHECK 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 CHECK 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
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MISCELLANEOUS ITEMS (Provide as Attachments as Applicable)

<ul style="list-style-type: none"> ▪ Site supplied by public water: <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Other non-UST cleanup activities ongoing: <input type="checkbox"/> Yes <input type="checkbox"/> No Program: _____ ▪ UST facilities identified w/in 100 meters: <input type="checkbox"/> Yes <input type="checkbox"/> No List AI# _____ ▪ Photographs included in this report: <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> ▪ Free product encountered: <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Active USTs at the site: <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Aboveground Storage Tanks at the site: <input type="checkbox"/> Yes <input type="checkbox"/> No Substance stored: _____ ▪ Detailed Site-Specific Map: <input type="checkbox"/> Yes (required) ▪ Management of Materials Narrative <input type="checkbox"/> Yes (required) ▪ Narrative of Site History (Section 2.4) <input type="checkbox"/> Yes (required) ▪ Release Detection Documentation (Section 3.0) <input type="checkbox"/> Yes (required)
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2. FIELD INVESTIGATIONS – Soil**(Section 4.0 of the Site Check Outline)**

Narrative describing soil sampling procedures attached: Yes (required)
 Narrative describing soil sample handling procedures attached: Yes (required)
 Analytical soil data table attached: Yes (required)
 Boring logs attached: Yes (required)

3. FIELD INVESTIGATIONS – Groundwater N/A**(Section 4.0 of the Site Check Outline)**

Narrative describing groundwater sampling procedures attached: Yes No Not required
 Narrative describing groundwater sample handling procedures attached: Yes (required)
 Analytical groundwater data table attached: Yes No Not required
 Groundwater gauging data table attached: Yes No Not required
 Soil boring logs and monitoring well records attached: Yes No Not required
 Schematic monitoring well construction logs attached: Yes No Not required

4. ANALYTICAL REQUIREMENTS AND RESULTS**(Section 5.0 of the Site Check Outline)**

Analytical data sheets attached: Yes (required)
 Chain of Custody attached: Yes (required)
 Trip blank analysis included (BTEX water samples only): Yes No
 Provide a narrative description of any flagged, qualified, or anomalous data: Yes No

5. SITE CHECK REPORT CERTIFICATION

Under the requirements of KRS Chapter 322 and 322A, this Site Check 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: _____

