

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

UST Interim Corrective Action Checklist

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Location (Coordinates)	Latitude:	Longitude:	

2. UST System Owner Information

UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		

3. Site-Specific Details

Release/Incident Numbers and Dates	1.	2.	
Applicable Regulation	<input type="checkbox"/> 2019 Regulation	<input type="checkbox"/> Backlog Regulation (effective prior to 4/18/94)	
Soil Screening Levels (per Classification Guide)		Groundwater Screening Levels (per Classification Guide)	
On-Site	Off-Site	On-Site	Off-Site
<input type="checkbox"/> Class A <input type="checkbox"/> Class A Adjusted <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"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<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"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Groundwater Table 1 <input type="checkbox"/> Groundwater Table 2 <input type="checkbox"/> Groundwater Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Groundwater Table 1 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved

5. Current Site Details

Soil Contamination	Confirmed above applicable screening levels?	On-Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Off-Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Groundwater Contamination	Confirmed above applicable screening levels?	On-Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Off-Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Free product encountered? (photographs provided)	<input type="checkbox"/> Yes	Thickness (in): _____	<input type="checkbox"/> No
Vapors reported in structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Site supplied by public water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Active or temporarily closed USTs on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Aboveground storage tanks on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other potential source(s) of contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were any monitoring wells not able to be sampled (e.g., missing, destroyed, inaccessible, etc.)?	<input type="checkbox"/> Yes (photographs required)	<input type="checkbox"/> No	

AI _____

6. Corrective Action Implemented

Treatment Type	<input type="checkbox"/> Source Treatment	<input type="checkbox"/> Dissolved Phase Treatment
Technology Type	<input type="checkbox"/> Low Pressure Injection	Injectate Name:
	<input type="checkbox"/> High Pressure Injection	Injectate Name:
	<input type="checkbox"/> Mobile Dual-Phase Extraction (MDPE)	Comments:
	<input type="checkbox"/> Pump and Treat	Comments:
	<input type="checkbox"/> Skimming (<i>free product</i>)	Skimmer Type:
	<input type="checkbox"/> Vapor Mitigation	Describe:
	<input type="checkbox"/> Other	Describe:

7. Report Attachments

Interim Corrective Action Area Site Map (<i>identify specific remediation areas or locations</i>)	<input type="checkbox"/> Yes (<i>required</i>)	
Pre-Implementation Site Map (<i>specific sampling locations & results</i>)	<input type="checkbox"/> Yes (<i>required</i>)	
Post-Implementation Site Map (<i>specific sampling locations & results</i>)	<input type="checkbox"/> Yes (<i>required</i>)	
Groundwater Potentiometric Surface Map	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A (<i>less than three (3) monitoring wells gauged</i>)
Contaminant Extent Maps (<i>remediation areas or locations superimposed</i>)	Soil: <input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
	Groundwater: <input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Documentation applicable to remediation technology (<i>e.g., subcontractor reports, maps, field notes, etc.</i>)	<input type="checkbox"/> Yes (<i>required</i>)	
Soil analytical table	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Groundwater analytical table	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Vapor analytical table	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Groundwater gauging data table	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Concentration versus time plots	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Groundwater elevation versus time plots	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Monitoring well construction and/or plugging records	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Monitoring well schematic drawings (<i>installation/repair</i>)	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Photographs of monitoring well installation/repair/abandonment	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Analytical data sheets	<input type="checkbox"/> Yes (<i>required</i>)	
Chains of custody	<input type="checkbox"/> Yes (<i>required</i>)	
Disposal manifests and/or receipts	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Photographs documenting field work	<input type="checkbox"/> Yes (<i>required</i>)	

8. Analytical Requirements

Narrative describing groundwater sampling and handling procedures?	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Trip blank analysis (<i>BTEX water samples only</i>)	<input type="checkbox"/> Yes (<i>required</i>)	<input type="checkbox"/> N/A
Field blank analysis (<i>BTEX water samples only, if directed</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Narrative description of any flagged, qualified, or anomalous data	<input type="checkbox"/> Yes (<i>required</i>)	

AI _____

9. Decontamination and Material Management

Summary of decontamination procedures?	<input type="checkbox"/> Yes (required)
Summary of handling and storage of investigation derived waste?	<input type="checkbox"/> Yes (required)

10. Conclusions

Narrative describing interim corrective action activities	<input type="checkbox"/> Yes (required)
Discussion of current analytical results	<input type="checkbox"/> Yes (required)
Discussion of data trends for all gauging and contaminant concentration data	<input type="checkbox"/> Yes (required)


11. Recommendations

Discussion of future actions (e.g., continued monitoring, additional wells, monitoring well repair or abandonment)	<input type="checkbox"/> Yes (recommendations provided – required)	<input type="checkbox"/> No
No Further Action	<input type="checkbox"/> Yes (recommendations provided – required)	<input type="checkbox"/> No
Interim Corrective Action	<input type="checkbox"/> Yes (recommendations provided – required)	<input type="checkbox"/> No
Corrective Action	<input type="checkbox"/> Yes (recommendations provided – required)	<input type="checkbox"/> No

12. Report Certification

Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky 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, state, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete.

Printed		Title	
Signature		Date	/ /
<input type="checkbox"/> Professional Engineer		<input type="checkbox"/> Professional Geologist	
License Number		Registration Number	
License Date		Registration Date	

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email EEC.KORA@ky.gov.