

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

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

UST Over-Excavation Checklist

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name			
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. Property Owner Information

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

4. 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

AI _____

Current Site Details (continued from Section 5)

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	

6. Report Attachments

Over-Excavation Site Map (identify initial excavation zone, previous soil and groundwater sampling locations, and the over-excavation area)	<input type="checkbox"/> Yes (required)
Soil analytical table	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Groundwater analytical table	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Vapor analytical table	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Monitoring well construction and/or plugging records	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Photographs of monitoring well installation/repair/abandonment	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Analytical data sheets	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Chains of custody	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Weigh ticket summary for soil disposal or treatment (individual weigh tickets are not required with the technical report, but are required with the submittal of the claim for reimbursement)	<input type="checkbox"/> Yes (required)
Photographs documenting over-excavation activities	<input type="checkbox"/> Yes (required)

7. Analytical Requirements

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


8. Decontamination and Material Management

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

9. Surface Material Removed (complete all that apply)

Material	Area (ft ²)	Thickness (inches)	Curbing (linear ft)	Rebar
<input type="checkbox"/> Concrete			<input type="checkbox"/> Yes <i>In ft</i> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asphalt			<input type="checkbox"/> Yes <i>In ft</i> <input type="checkbox"/> No	
<input type="checkbox"/> Grass			Other details:	
<input type="checkbox"/> Other (specify):			Other details:	

AI _____

10. Conclusions			
Narrative describing over-excavation activities <i>(include discussion of the presence or absence of water in the excavation, and the volume of water removed, if encountered)</i>	<input type="checkbox"/> Yes <i>(required)</i>		
Discussion of current analytical results	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A		
11. Recommendations			
Discussion of future actions <i>(e.g., continued monitoring, additional wells, monitoring well repair or abandonment)</i>	<input type="checkbox"/> Yes <i>(required)</i>		<input type="checkbox"/> No
No Further Action	<input type="checkbox"/> Yes <i>(recommendations provided – required)</i>		<input type="checkbox"/> No
Interim Corrective Action	<input type="checkbox"/> Yes <i>(recommendations provided – required)</i>		<input type="checkbox"/> No
Corrective Action	<input type="checkbox"/> Yes <i>(recommendations provided – required)</i>		<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	
KY License Number		KY 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 UST facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email EEC.KORA@ky.gov .			