

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

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DO NOT WRITE IN THIS SPACE

### UST Site Check 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Groundwater Contamination confirmed above applicable screening levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AI \_\_\_\_\_

Current Site Details <i>(continued from Section 5)</i>			
Preferential flow-paths?	Anthropogenic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Natural: <input type="checkbox"/> Yes <input type="checkbox"/> No
Free product encountered? <i>(photographs provided)</i>	<input type="checkbox"/> Yes	Thickness (in):	<input type="checkbox"/> No
Historical vapor issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Impacted receptors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Site supplied by public water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Active tanks on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Temporarily closed tanks on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other non-UST cleanup activities ongoing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicable Program(s):	
UST facilities identified w/in 100-meters <i>(both current and historical)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List AI Numbers:	
Aboveground storage tanks on property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Substance(s) stored:	

**6. Site Information and History**

Detailed description of the incident that initiated the site check	<input type="checkbox"/> Yes <i>(required)</i>
Site and area description	<input type="checkbox"/> Yes <i>(required)</i>
Discussion of past and present tank and piping systems	<input type="checkbox"/> Yes <i>(required)</i>
Is site located in a carbonate bedrock or karst setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative regarding wellhead protection areas and domestic-use wells, domestic-use springs, and/or domestic-use cisterns?	<input type="checkbox"/> Yes <i>(required)</i>

**7. Attachments**

*(Refer to the UST Corrective Action Manual, Section 3.3 Reporting)*

UST Classification Guide <i>(DWM 4261)</i>	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
Site Map	<input type="checkbox"/> Yes <i>(required)</i>
Soil and groundwater attachments <i>(refer to Section 8 on form)</i>	<input type="checkbox"/> Yes <i>(required)</i>
Analytical attachments <i>(refer to Section 9 on form)</i>	<input type="checkbox"/> Yes <i>(required)</i>
Photographs of the UST facility and contiguous properties	<input type="checkbox"/> Yes <i>(required)</i>
Tank and tightness test <i>(most recent)</i>	<input type="checkbox"/> Yes <i>(required)</i>
Repair and replacement records related to the release	<input type="checkbox"/> Yes <i>(required)</i>
UST system release detection records	<input type="checkbox"/> Yes <i>(required)</i>

**8. Field Investigations**

<b>Soil</b>	Narrative describing soil sampling and handling procedures?	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
	Field instrument calibration documentation <i>(attachment)</i>	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
	Soil analytical table <i>(attachment)</i>	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
	Soil boring logs <i>(attachment)</i>	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
<b>Groundwater</b>	Narrative describing groundwater sampling and handling procedures?	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
	Groundwater analytical table <i>(attachment)</i>	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
	Groundwater gauging data table <i>(attachment)</i>	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
	Monitoring well construction and/or plugging records <i>(attachment)</i>	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A

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**Field Investigations** (continued from Section 8)

<b>Groundwater</b>	Monitoring well schematic drawings (attachment)	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Photographs of monitoring well installation/repair/abandonment (attachment)	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Bedrock wells are recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Analytical Requirements and Results**

Analytical data sheets (attachment)	<input type="checkbox"/> Yes (required)
Chains of custody (attachment)	<input type="checkbox"/> Yes (required)
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)

**10. 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)

**11. Conclusions**

Narrative discussion on the analytical results and field investigations	<input type="checkbox"/> Yes (required)
Discussion as to whether the groundwater encountered constitutes a current or potential source for domestic-use	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Discussion of contaminant mobility, migration pathways, and potential receptors	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
Discussion of potential impacts to buried utility conduits	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A


**12. Recommendations**

Continued Site Investigation	<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

**13. 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.

<b>Printed</b>		<b>Title</b>	
<b>Signature</b>		<b>Date</b>	/ /
<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 UST facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [EEC.KORA@ky.gov](mailto:EEC.KORA@ky.gov).