

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 Investigation Checklist

#### 1. UST Facility Information

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

#### 2. UST System Owner Information

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

#### 3. Site-Specific Details

<b>Release/Incident Numbers and Dates</b>	1.	2.
<b>Applicable Regulation</b>	<input type="checkbox"/> 2019 Regulation	<input type="checkbox"/> Backlog Regulation (effective prior to 4/18/94)
<b>Re-Evaluation of Classification</b>	<input type="checkbox"/> Classified correctly (no change)	<input type="checkbox"/> Amended Classification Guide, DWM 4261 (included with report)

##### Soil Screening Levels (per Classification Guide)

##### Groundwater Screening Levels (per Classification Guide)

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 B Soil Matrix Table 1	<input type="checkbox"/> Groundwater Table 1	<input type="checkbox"/> Groundwater Table 1
<input type="checkbox"/> Class A Adjusted	<input type="checkbox"/> Class B Soil Matrix Table 2	<input type="checkbox"/> Groundwater Table 2	<input type="checkbox"/> Backlog Levels
<input type="checkbox"/> Class B Soil Matrix Table 1	<input type="checkbox"/> Class B Soil Matrix Table 3	<input type="checkbox"/> Groundwater Table 3	<input type="checkbox"/> Other – Variance Approved
<input type="checkbox"/> Class B Soil Matrix Table 2	<input type="checkbox"/> Backlog Levels	<input type="checkbox"/> Backlog Levels	
<input type="checkbox"/> Class B Soil Matrix Table 3	<input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Other – Variance Approved	
<input type="checkbox"/> Backlog Levels			
<input type="checkbox"/> Other – Variance Approved			

#### 4. Current Site Details

<b>Soil Contamination</b>	Nature and extent (vertical and horizontal) defined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	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
<b>Groundwater Contamination</b>	Nature and extent (vertical and horizontal) defined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	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? (provide photographs)	<input type="checkbox"/> Yes	Thickness (in):	<input type="checkbox"/> No	
Impacted receptors?	<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	Substance(s) stored:	

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**5. Site Information and History**

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 List Applicable Program(s):
UST facilities identified w/in 100-meters (both current and historical)?	<input type="checkbox"/> Yes <input type="checkbox"/> No List AI Numbers:
Description of past and present use of property and adjacent/nearby properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Updated chronology of events provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide site photographs of UST facility	<input type="checkbox"/> Yes <input type="checkbox"/> No

**6. Site Geology, Hydrogeology, and Stratigraphy**

Narrative description on geology, hydrogeology, and surface water hydrology provided?	<input type="checkbox"/> Yes
Narrative description of trends in groundwater flow provided?	<input type="checkbox"/> Yes
Geologic Cross Section provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Karst evaluation provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is this site within a Well head protection Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Discussion on water bearing zones associated with local domestic use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**7. Maps**

*Instructions: Provide the following maps as required by the UST Corrective Action Manual.*

Site Survey Map	<input type="checkbox"/> Yes	Topographic Map	<input type="checkbox"/> Yes
Vicinity Map	<input type="checkbox"/> Yes	Geologic Quadrangle Map	<input type="checkbox"/> Yes
Aerial (photograph) Map	<input type="checkbox"/> Yes		

*Instructions: Provide the following maps if applicable to the data collected to date.*

Contaminant Isocontour Maps	Soil:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Groundwater Potentiometric Surface Map	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
	Groundwater:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		Bedrock Contour Map	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	Vapor:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A			

**8. Field Investigations**

<b>Soil</b>	Narrative describing soil sampling and handling procedures	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Field instrument calibration documentation	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Soil analytical table	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Soil boring logs	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
<b>Groundwater</b>	Narrative describing groundwater sampling and handling procedures	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Groundwater analytical table	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Groundwater gauging data table	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Concentration and Groundwater Elevation Graphs	<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
	Monitoring well schematic drawings (installation/repair)	<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
	Bedrock wells recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Vapor</b>	Narrative describing vapor sampling and handling procedures	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Vapor analytical table	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A
	Schematic of soil vapor probe	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A

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**9. Analytical Requirements and Results**

Analytical data sheets	<input type="checkbox"/> Yes (required)
Chains of custody	<input type="checkbox"/> Yes (required)
Trip blank analysis (BTEX water samples only)	<input type="checkbox"/> Yes (required) <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. Off-Site Access and Encroachment Permits**

Is off-site access necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have the requirements of Section 5.7 of the UST Corrective Action Manual been completed?	<input type="checkbox"/> Yes (required)

**12. Conclusions**

*Instructions: Provide a written discussion for the following as part of the conclusions.*

Status of defining the horizontal and vertical extent of soil and groundwater contamination	<input type="checkbox"/> Yes (required)
Groundwater encountered may be a potential source for domestic-use	<input type="checkbox"/> Yes (required)
Potential contaminant migration between water bearing units	<input type="checkbox"/> Yes (required)
Contaminant mobility, migration pathways, and potential receptors	<input type="checkbox"/> Yes (required)
Dissolved phase groundwater plume (i.e., expanding, decreasing, stable)	<input type="checkbox"/> Yes (required)
Potential impacts to buried utility conduits	<input type="checkbox"/> Yes (required)
Data trends of all gauging and contaminant concentration data	<input type="checkbox"/> Yes (required)
Implementation of abatement measures for vapors and free product	<input type="checkbox"/> Yes <input type="checkbox"/> N/A


**13. Recommendations**

Continued Site Investigation	<input type="checkbox"/> Yes (required) <input type="checkbox"/> No	Interim Corrective Action	<input type="checkbox"/> Yes (required) <input type="checkbox"/> No
No Further Action	<input type="checkbox"/> Yes (required) <input type="checkbox"/> No	Corrective Action	<input type="checkbox"/> Yes (required) <input type="checkbox"/> No

**14. 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).