

**Instructions for the Kentucky  
CORRECTIVE ACTION MONITORING REPORT Form**

**GENERAL INSTRUCTIONS.** All sections of this form shall be completed as directed in writing. If this form is not fully completed, additional requests for corrective action work and reimbursement will be delayed. All sections shall be updated each time field work is completed. The form must be typed or printed legibly in black or blue ink. Submit an original of the form to the UST Branch when directed in writing. If you have questions about any section of this form, please call the Underground Storage Tank Branch at 502-564-5981.

**1. General Information**

Agency Interest Number/UST Facility Name: Type the Agency Interest number and the UST facility name.

UST Facility Address/County: Type in the address and county where the UST facility is located.

Contractor Name/E-mail: Type the contractor/consultant's name and e-mail address.

**2. Cleanup Levels and Current Conditions**

Monitoring Period and Year: Indicate the monitoring period and the year being reported (e.g., January-March, 2010).

Approved Corrective Action System in Place: Indicate if this UST facility has an approved corrective action system currently in place.

Approved Corrective Action System Operating: Indicate if this UST facility has an approved corrective action system currently operating.

Applicable Regulation: Indicate the applicable regulation that identifies the screening levels used for corrective actions.

Soil Class: Indicate the applicable soil class.

Groundwater Screening Levels: Indicate the applicable on-site and off-site groundwater screening levels.

Contamination Location: Indicate if contamination above allowable levels presently is on-site and/or off-site.

Free Product Present: Indicate if free product currently is present. If free product is present, Section IV of the form shall identify the locations encountered and an estimate of the quantity of the UST system release. (If free product has been an issue in the past, a discussion of free product with respect to data trends might be appropriate in Section 8.)

Fumes/Vapor Present: Indicate if fumes/vapors currently are present in utilities or structures on-site or in nearby off-site utilities or structures. If fumes/vapors are reported, discussion and recommendations shall be included in Section 9.

Other Potential Source(s) of Contamination: Indicate if there are any other potential source(s) of contamination, on or off-site, contributing to the contaminant plume. Indicate facility name, address, and AI#, as applicable, to the narrative in Section 9 of this report.

Active USTs on-site: Indicate if an active UST system is present on-site.

ASTs on-site: Indicate if above ground storage tanks currently are present on-site.

Release Since Last Report: Indicate if a release has occurred since the last report. If yes, include incident number(s) and date(s).

**3. Attachments**

Mark the items that are submitted with this form. Comprehensive soil and groundwater contamination data tables (including historic and current data) and a comprehensive monitoring well gauging table (including current and historic data) shall conform to the data table examples in Sections 6 and 7 the Site Investigation Outline. The submittal of these tables is not optional.

**4. Sample Collection and Management**

Provide a narrative that includes a summary of sample collection and management, sample descriptions, decontamination procedures, monitoring well gauging procedures, method of groundwater flow direction determination, etc. Sample collection, management, and analyses shall follow Sections 6 through 9 of the Site Investigation Outline or as otherwise directed in writing by the cabinet. Discuss any deviations from acceptable holding times, surrogate recovery data, and sample preservation. For monitoring wells that can not be sampled (e.g., damaged, missing, etc.), include a description of efforts to collect groundwater samples, locate monitoring wells, etc. Submit photographs, as appropriate (e.g., if a monitoring well cannot be located, a photograph showing the general area where the monitoring well was formerly located should be submitted).

**5. UST Facility Conditions**

Provide a narrative that describes the current above-ground physical conditions of the UST facility that might affect corrective action (e.g., cracks in pavement, building or road construction activities, etc.). Describe the current condition of the existing monitoring wells (e.g., indicate if repair, maintenance, cleaning, etc., is needed and include photographs).

**6. Material Management**

Provide a summary of the handling and storage of material generated during regular monitoring and other corrective action activities (purge water, soil cuttings, effluent, etc.). Submit documentation regarding the proper management of the material (e.g., chain-of-custody, waste manifest, receipts, etc.). If materials are determined to be hazardous, contact the Hazardous Waste Branch, Division of Waste Management, at (502) 564-6716 for additional requirements pertaining to waste disposal, manifesting, registration, etc.

**7. Remedial Action Performance and Evaluation**

Provide a discussion of operation and maintenance activities at the UST facility (scheduled and unscheduled), a description of work completed, and why these activities were necessary (note that if more than 4 unscheduled maintenance events are necessary during a consecutive 12-month period, a re-evaluation of the system will be required). Include a summary of the amount of water treated for the current monitoring period and the cumulative amount of water treated since system startup (if applicable). Include system performance evaluations and discussion of performance trends. Indicate the amount of time for the current monitoring period that the system was operational (i.e., number of days operated during a quarter).

As appropriate, a discussion of physiochemical parameters identified and sampled shall be discussed as they relate to overall clean up goals.

**8. Data Discussion and Trend Evaluation**

Provide a discussion of current analytical results, including explanations or interpretations of any flagged or anomalous data. Summarize any trends in data and include graphs of contaminant concentrations versus time, groundwater elevations versus time; plume size changes over time, etc., as appropriate, to support trend evaluation. Identify specific trends for monitoring points where contamination remains above allowable levels (e.g., a table may be included to show if contamination is increasing, decreasing, or stable for particular monitoring points). Evaluate contaminant reduction over time.

**9. Conclusions and Recommendations**

Provide conclusions and recommendations, including a discussion of the effectiveness of historical and current corrective action activities. Note that if the approved corrective action technology proves to be ineffective, re-evaluation of the corrective action activities will be required. For no further action requests, include a brief discussion that includes reasons for no further action.

**10. Corrective Action Report Certification**

A Kentucky-licensed P.E. or Kentucky-registered P.G. shall sign the Corrective Action Report Certification (DEP 5040) and include it with this form.

**CORRECTIVE ACTION MONITORING REPORT FORM**



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
UNDERGROUND STORAGE TANK BRANCH  
300 SOWER BLVD, SECOND FLOOR  
FRANKFORT, KENTUCKY 40601  
502-564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY**

**1. GENERAL INFORMATION**

Agency Interest No.:	UST Facility Address and County:	Contractor/Consultant Name:
UST Facility Name:		Contractor/Consultant E-mail:

**2. SOIL AND GROUNDWATER SCREENING LEVELS AND CURRENT CONDITIONS**

<p>Monitoring period: _____ Year: _____</p> <p>Approved Corrective Action System Currently in Place:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Section 7 shall be completed if "yes".)</p> <p>Approved Corrective Action System Currently Operating:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Section 7 shall be completed if "yes".)</p> <p>Applicable Regulation:  <input type="checkbox"/> 2011 Regulations  <input type="checkbox"/> Regulations in effect prior to 4/18/94</p> <p>Soil Class: <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</p>	<p>Groundwater Screening Levels:                  On-site: <input type="checkbox"/> GW Table I <input type="checkbox"/> GW Table II  <input type="checkbox"/> GW Table III <input type="checkbox"/> Other – Variance Approved                  Off-site: <input type="checkbox"/> GW Table I <input type="checkbox"/> N/A  <input type="checkbox"/> Other – Variance Approved</p> <p>Contamination Location: <input type="checkbox"/> On-site <input type="checkbox"/> Off-site</p> <p>Free Product Present: <input type="checkbox"/> Yes <input type="checkbox"/> No                  Fumes/Vapor Present: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Potential Source(s) of Contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Active USTs on-site: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ASTs on-site: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Release since last report? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, Incident Number(s) and Date(s): _____</p>
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**3. ATTACHMENTS**

<p><input type="checkbox"/> Site map with sampling locations labeled with current analytical results</p> <p><input type="checkbox"/> Historical groundwater gauging data table*</p> <p><input type="checkbox"/> Historical soil analytical data table*</p> <p><input type="checkbox"/> Historical groundwater analytical data table*</p> <p>* See Site Investigation Outline</p>	<p><input type="checkbox"/> Graphs or maps to demonstrate data analysis</p> <p><input type="checkbox"/> Current groundwater potentiometric surface map with groundwater elevation data labeled at each monitoring well</p> <p><input type="checkbox"/> Analytical data sheets and chains of custody</p>
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**4. SAMPLE COLLECTION AND MANAGEMENT (Provide narrative.)**

**5. UST FACILITY CONDITIONS (Provide narrative.)**

**6. MATERIAL MANAGEMENT (Provide narrative.)**

**7. REMEDIAL ACTION PERFORMANCE AND EVALUATION (Provide narrative.)**

**8. DATA DISCUSSION AND TREND EVALUATION (Provide narrative.)**

**9. CONCLUSIONS AND RECOMMENDATIONS (Provide narrative.)**