



Bureau of Water Protection and Land Reuse
Remediation Division

Date Stamp
(DEP Use Only)

Completion of Investigation Transmittal Form

This form is prescribed by the Commissioner pursuant to CGS 22a-134a(g)(1)(A), and must be completed as a cover to transmit a final site investigation report.

Part I of this form is to be completed and signed by the Party responsible to complete the investigation of the parcel.

All sections of this form must be completed, as applicable.

PART I: GENERAL INFORMATION

Remediation ID No. (Rem#): [ ]

Site Identification

Site Name:
Site Address:
City/Town: State: Zip Code: -
Description in Property Deed:
Recorded on page of volume of the Town of
land records, as lot block on map in the Tax Assessor's Office.

Site Contact Information

1. Business/person submitting this form:
Business Name:
Name of Authorized Representative: Title:
Mailing Address:
E-mail Address:
City/Town: State: Zip Code: -
Business Phone: - - Ext. Fax: - -
2. Owner of the parcel:
Name: E-mail Address:
Mailing Address:
City/Town: State: Zip Code: -
Business Phone: - - Ext. Fax: - -

# Completion of Investigation Transmittal Form (continued)

Rem#:

## PART I: GENERAL INFORMATION (continued)

**Check the box indicating under which program this documentation is being submitted:**

- Connecticut General Statutes (CGS) section 22a-134a(a)-(e), Property Transfer filing
- CGS section 22a-133x, Voluntary Remediation
- Other (specify)

**List Additional Supporting Documentation and identify whether the documents are attached to this transmittal form ("A") or are already on file with the Department ("F").**

DOCUMENT	DATED	PREPARED BY	ATTACHED (A) / ON FILE (F)

### Certification

"I submit this form and attached final site investigation report, approved in writing by a licensed environmental professional, and other applicable documentation which demonstrates the investigation of the parcel has been completed in accordance with prevailing standards and guidelines."

Printed Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Representing (Name of Company):

Address:

City/Town:

State:

Zip Code:

-

Phone: - -

# Completion of Investigation Transmittal Form (continued)

Rem#:

## PART II: SITE SUMMARY

**To be completed by the LEP:**

Groundwater Class:	Drainage Basin Number:
Distance to / location of nearest surface water body:	
Name of water body:	Type of water body:
Surface Water Class:	
Wastewater Discharge (check appropriate box):	
<input type="checkbox"/> on-site septic/leachfield	
<input type="checkbox"/> sanitary sewer	NPDES Permit Number:
<input type="checkbox"/> municipal stormwater system	Stormwater Discharge Permit Number:
<input type="checkbox"/> other (specify):	
On-site groundwater use (check all that apply):	<input type="checkbox"/> Industrial <input type="checkbox"/> Irrigation <input type="checkbox"/> Potable water
Abutting land uses (check all that apply):	<input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural
Sensitive receptor land use in vicinity (check all that apply):	<input type="checkbox"/> school <input type="checkbox"/> childcare facility <input type="checkbox"/> healthcare facility <input type="checkbox"/> recreational <input type="checkbox"/> other (specify):
Bedrock Type:	Depth to Bedrock:
Overburden Material:	
Depth to Water Table:	Groundwater Flow Direction:
Seasonally low water table beneath elevation of bedrock surface anywhere on the site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Groundwater Flow Rate:	Hydraulic Conductivity:
Description of establishment operations:	

**Completion of Investigation Transmittal Form (continued)**

Rem#:

**PART II: SITE SUMMARY (continued)**

**Findings**

Date Phase I ESA completed:	Number of AOCs identified:
Date Phase II investigation completed:	Number of AOCs tested:
Date Phase III investigation completed:	Number of releases identified:
Bedrock aquifer investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide rationale:	
Are NAPLs present on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
List COCs detected in soil:	
List COCs detected in groundwater (indicate if bedrock or overburden aquifer):	
Groundwater plume, originating from on-site source, migrating off-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List substance(s) detected on-site attributed to a background condition; media in which substance(s) detected; and concentrations:	
Representative sampling has been conducted to demonstrate background conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Completion of Investigation Transmittal Form (continued)

Rem#:

## PART II: SITE SUMMARY (continued)

### Findings (continued)

Remediation or some alternative means to demonstrate / achieve compliance with the RSRs is required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
RSR Criterion Exceeded:	<input type="checkbox"/> ResDEC <input type="checkbox"/> I/C DEC <input type="checkbox"/> PMC <input type="checkbox"/> GWPC <input type="checkbox"/> SWPC <input type="checkbox"/> Res VolC <input type="checkbox"/> I/C VolC
List COCs and concentrations for each criterion exceeded:	
Was analysis for TCE conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No  If TCE was detected in groundwater or soil vapor, was it evaluated and addressed in light of the February 2015 joint DPH/DEEP guidance?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Explain all "No" answers:	
<i>Note: If chlorinated solvents (specifically TCA) were detected in groundwater, 1,4-Dioxane may also be present.</i>  Was analysis for 1,4-Dioxane conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No  If 1,4-Dioxane was detected in groundwater, was it evaluated in light of CTDPH's established Action Levels of 3.0 ug/L for drinking water and 50 ug/L for dermal contact?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Explain all "No" answers:	
If VolC has been exceeded, has a survey been conducted to identify all occupied buildings (on-site and off-site) which overly the plume?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If VolC has been exceeded, has a survey been conducted to identify all occupied buildings downgradient of plume which may be considered at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide explanation for "No" answers:	
Number of occupied buildings overlying plume identified :	

# Completion of Investigation Transmittal Form (continued)

Rem#:

## PART II: SITE SUMMARY (continued)

### Findings (continued)

Describe type of building use for each occupied building:

Has vapor intrusion been assessed for each occupied building?

Yes    No    Assessment plan being developed

Explain results:

### Potable Well Receptor Survey / Assessment

Date Potable Well Receptor Survey completed?

Radius of survey:

If not completed, explain:

Number of water supply wells identified:

Distance to nearest public water supply well from Release Area:

Distance to nearest private water supply well from Release Area:

List potable wells sampled, known well construction, distance from Release Area, and indicate COCs detected:

Was a significant hazard, as defined in §22a-6u identified?    Yes    No

Significant Hazard Notification filed?    Yes   Date filed:

No → Explain answer:

# Completion of Investigation Transmittal Form (continued)

Rem#:

## PART II: SITE SUMMARY (continued)

### Findings (continued)

List ecological receptors identified:

If identified, was assessment of risk to ecological receptor(s) completed?  Yes  No  N/A

If yes or no, explain:

### LEP Certification

"I have personally examined and am familiar with the information contained in this transmittal form and all referenced and attached supporting documentation, and I conclude and approve the information demonstrates that the investigation of the above referenced parcel has been completed in accordance with prevailing standards and guidelines. My professional services have been rendered in accordance with the 'Rules of Professional Conduct' (Section 22a-133v-6 of the Regulations of Connecticut State Agencies)."

Printed Name of LEP

License Number

Signature of LEP

Date

Company:

Address:

City/Town:

State:

Zip Code:

-

Phone: - - -

e-mail:

*Affix Seal Here*

Submit this completed form and supporting documents to:

REMEDATION DIVISION, 2<sup>ND</sup> FLOOR,  
BUREAU OF WATER PROTECTION AND LAND REUSE  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET, HARTFORD, CT 06106 - 5127