



Bureau of Water Protection and Land Reuse
Remediation Division

Date Stamp
(DEP Use Only)

Remedial Action Plan Transmittal Form

This form is a cover to transmit a remedial action plan. When the use of this transmittal form is required or requested by the Commissioner, a remedial action plan approved in writing by the LEP, a copy of public notification of remediation, as well as all other documentation which demonstrates all applicable laws and regulations have been complied with, is to be attached to this transmittal form to document that remediation of the establishment has been initiated.

Part I of this form must be completed and signed by the Party responsible to submit a remedial action plan for the remediation of the parcel in accordance with the remediation standards. Part II of this form is to be completed and signed and sealed by a licensed environmental professional (LEP).

All sections of this form must be filled out, as applicable.

PART I: GENERAL INFORMATION

Remediation ID No. (Rem#): []

Site Identification

Establishment Name (as on Form III):
Establishment 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.

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)

Submit this completed form to:

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

Remedial Action Plan Transmittal Form (continued)

Rem#:

PART I: GENERAL INFORMATION (continued)

The following documentation must be attached to this form. Check boxes, as applicable, to verify that the documentation has been submitted with this form.

<input type="checkbox"/> REMEDIAL ACTION PLAN - in accordance with CGS Section 22a-134a(g)(1) Dated: _____ Prepared by: _____	
<input type="checkbox"/> PUBLIC NOTICE OF REMEDIATION - in accordance with CGS Section 22a-134a(i) <input type="checkbox"/> copy of published notice in newspaper <input type="checkbox"/> copy of notice to local Director of Health	
Check the applicable box if additional public notice requirements were implemented and provide documentation.	<input type="checkbox"/> sign erected on establishment <input type="checkbox"/> copies of the notice of remediation mailed to abutting property owners
<i>Note: Certifying Party must provide copies of any written public comments and responses.</i>	

List Additional Documentation (as applicable) and attach to this form.

DOCUMENT	DATED	PREPARED BY

Certifying Party Certification

"I submit this form and attached remedial action plan approved by a licensed environmental professional. I shall apply for all permits and approvals that are necessary to carry out the remedial actions, and I shall ensure that any necessary permit applications are complete and that the issuance of any such permit and/or approval will be diligently pursued."	
Printed Name of Authorized Signatory _____	Title _____
Signature of Authorized Signatory _____	Date _____
Representing (Name of Company): _____	
Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Phone: _____	

PART II: REMEDIAL ACTION PLAN SUMMARY

To be completed by the LEP

Groundwater Class:		
Soil: Concentrations of Pollutants in Excess of RSR Criteria:		
Criterion Exceeded	Remedial Measure	COC
<input type="checkbox"/> PMC	<input type="checkbox"/> in-situ	<input type="checkbox"/> non-chlorinated VOCs
<input type="checkbox"/> GA	<input type="checkbox"/> excavation / on-site re-use	<input type="checkbox"/> Chlorinated VOCs
<input type="checkbox"/> GB	<input type="checkbox"/> excavation & removal	<input type="checkbox"/> Metals
<input type="checkbox"/> DEC	<input type="checkbox"/> Engineered control	<input type="checkbox"/> PAHs
	Date of Commissioner Approval:	<input type="checkbox"/> SVOCs
<input type="checkbox"/> Res	<input type="checkbox"/> ELUR	<input type="checkbox"/> PCBs
<input type="checkbox"/> I / C	<input type="checkbox"/> RSR exemption	<input type="checkbox"/> ETPH
	<input type="checkbox"/> RSR Alternative Criteria	<input type="checkbox"/> Pesticides
	Date of Commissioner Approval:	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Other (specify):	
Groundwater: Concentrations of Pollutants in Excess of RSR Criteria:		
Criterion Exceeded	Remedial Measure	COC
<input type="checkbox"/> GWPC	<input type="checkbox"/> Pump & Treat	<input type="checkbox"/> non-chlorinated VOCs
	<input type="checkbox"/> Air Sparging / Vapor extraction	<input type="checkbox"/> Chlorinated VOCs
<input type="checkbox"/> Volatilization	<input type="checkbox"/> Dual-Phase	<input type="checkbox"/> Metals
<input type="checkbox"/> SWPC	<input type="checkbox"/> Monitored natural attenuation	<input type="checkbox"/> PAHs
	<input type="checkbox"/> ELUR	<input type="checkbox"/> SVOCs
	<input type="checkbox"/> RSR exemption	<input type="checkbox"/> PCBs
	<input type="checkbox"/> RSR Alternative Criteria	<input type="checkbox"/> ETPH
	Date of Commissioner Approval:	<input type="checkbox"/> Pesticides
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):

Remedial Action Plan Transmittal Form (continued)

Rem#:

PART II: REMEDIAL ACTION PLAN SUMMARY (continued)

Vapor Intrusion:	
Remedial Measure	<input type="checkbox"/> sub-slab depressurization
	<input type="checkbox"/> vapor barrier
	<input type="checkbox"/> indoor-air monitoring
Date of DPH Commissioner Approval of such plan:	
NAPL present:	<input type="checkbox"/> Overburden <input type="checkbox"/> Bedrock <input type="checkbox"/> None
Other (specify):	

LEP Approval

"I have personally examined and am familiar with the information in the remedial action plan summary of this transmittal form, and I approve the attached remedial action plan. 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:	
	<i>Affix Seal Here</i>