



**LEAKING UNDERGROUND STORAGE TANK
 FINAL ASSESSMENT REPORT COVER SHEET**

NEW or REVISED PER DEQ AUDIT

INSTRUCTIONS: COMPLETION OF THIS REPORT WITH ALL APPLICABLE INFORMATION IS MANDATORY pursuant to Part 213, Section 324.21311a of the Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. **Check one of the boxes above to indicate whether this is a new or revised submittal.** Please provide the completed Final Assessment Report with the associated Table of Contents, Form EQP4007, within 365-days of discovery of a release to the appropriate RRD District Office.

SITE NAME:		FACILITY ID NUMBER:	
STREET ADDRESS:			
CITY:	ZIP:	COUNTY:	
DATE(S) RELEASE(S) DISCOVERED:		CONFIRMED RELEASE NUMBER(S):	
O/O NAME:		O/O EMAIL ADDRESS:	
O/O STREET ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:	PHONE:	FAX:	

Permission is given for the Department of Environmental Quality to contact the Qualified Consultant: YES NO

FINAL ASSESSMENT REPORT INFORMATION: Answer All Questions (DO NOT LEAVE BLANKS)

- Site Classification (1-4): Previous Site Classification (1-4): Type of RBCA Evaluation: Tier I Tier II Tier III
- Substance(s) released: Gasoline Diesel Ethanol: E-10 E-85 Other:
- Has contamination migrated off-site above Tier 1 Residential RBSLs? YES NO
 If YES, have off-site impacted parties been notified per Section 21309a(3) of Part 213? YES NO
- Predominant groundwater flow direction: Depth to groundwater:
- Is mobile NAPL present: Currently? YES NO Previously? YES NO
 If present, was it recovered? YES NO If recoverable, total gallons recovered since last reported: to date:
- Is migrating NAPL present: YES NO If yes, are actions being taken to stop the NAPL migration? YES NO
- Since Last Report: cubic yards of soil remediated: gallons of groundwater remediated:
 Totals to date: cubic yards of soil remediated: gallons of groundwater remediated:
- Have toxic or explosive vapors been identified in any confined spaces (basement, sewer, etc.)? YES NO
- Drinking water supply affected? Currently: YES NO Previously: YES NO
 Indicate type and # of wells affected: Private # Public Type II/III # Municipal #
- Has the release affected surface water or wetlands? YES NO
- Estimated distance and direction from point of release to nearest: Private well: Municipal well:
 Surface water/wetland: Is site within a wellhead protection zone? YES NO
- Does the report include a request for: In-Situ injection? YES NO DEQ approval for GSI compliance? YES NO
 Groundwater not in an aquifer determination? YES NO Institutional controls regarding off-site migration? YES NO
- What type of corrective action is proposed for each contaminated media? (i.e., Air Sparge/Soil Vapor Extraction; Monitored Natural Attenuation; Multi-phase Extraction; Excavation; Institutional Controls; etc.):



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(Continued)

This Final Assessment Report (FAR), which was completed in accordance with Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA451, as amended, is submitted by:

SIGNATURE OF OWNER/OPERATOR (O/O)

O/O or AUTHORIZED REPRESENTATIVE SIGNATURE	PRINT NAME	DATE

SIGNATURE OF QUALIFIED UST CONSULTANT (QC)

QC SIGNATURE*	PRINT NAME	DATE

* By signing this form I certify that I meet the qualified underground storage tank consultant requirements identified in section 324.21325 of Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

QC COMPANY NAME	QC ADDRESS, CITY, STATE, ZIP	
QC PHONE	QC FAX NUMBER	QC Email ADDRESS