



LEAKING UNDERGROUND STORAGE TANK SUPPLEMENTAL INFORMATION COVER SHEET

INSTRUCTIONS: Use this form to submit all supporting documentation requested by the RRD or to voluntarily submit additional information. **NOTE:** Submittal of a Final Assessment Report (FAR) or Closure Report, revised as a result of a DEQ audit, requires use of the FAR or Closure Report cover sheet Form EQP4000 or EQP4452 indicating it is "revised per DEQ audit". Use Form EQP4005 or EQP4004 to submit documentation to demonstrate that conditions identified in an "approval with conditions" audit determination are satisfied. The RRD may comment on supplemental information but only has the authority to audit FARs and Closure Reports. Please submit the completed form and supplemental information 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

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

1. Site classification (1-4):	Previous site classification (1-4):	Type of RBCA evaluation:	<input type="checkbox"/> Tier I	<input type="checkbox"/> Tier II	<input type="checkbox"/> Tier III
2. Substance(s) released: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Ethanol: E-10 <input type="checkbox"/> E-85 <input type="checkbox"/> Other:					
3. Has contamination migrated off-site above Tier 1 Residential RBSLs? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, have off-site impacted parties been notified per Section 324.21309a(3) of Part 213? <input type="checkbox"/> YES <input type="checkbox"/> NO					
4. Predominant groundwater flow direction: Depth to groundwater:					
5. Is mobile NAPL present: Currently? <input type="checkbox"/> YES <input type="checkbox"/> NO Previously? <input type="checkbox"/> YES <input type="checkbox"/> NO If present, was it recovered? <input type="checkbox"/> YES <input type="checkbox"/> NO If recoverable, total gallons recovered since last reported: to date:					
6. Is migrating NAPL present: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are actions being taken to stop the NAPL migration? <input type="checkbox"/> YES <input type="checkbox"/> NO					
7. Since last report: cubic yards of soil remediated: gallons of groundwater remediated: Totals to date: cubic yards of soil remediated: gallons of groundwater remediated:					
8. Have toxic or explosive vapors been identified in any confined spaces (basement, sewer, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
9. Drinking water supply affected? Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate type and # of wells affected: <input type="checkbox"/> Private # <input type="checkbox"/> Public Type II/III # <input type="checkbox"/> Municipal #					
10. Has surface water / wetlands been contaminated? <input type="checkbox"/> YES <input type="checkbox"/> NO					
11. Estimated distance and direction from point of release to nearest: Private well: Municipal well: Surface water/wetland: Is site within a wellhead protection zone? <input type="checkbox"/> YES <input type="checkbox"/> NO					
12. Type of Report: <input type="checkbox"/> Requested Supporting Documentation <input type="checkbox"/> Soil or Groundwater Investigation Monitoring <input type="checkbox"/> Corrective Action Plan Monitoring <input type="checkbox"/> Operation and Maintenance <input type="checkbox"/> Soil Vapor Monitoring <input type="checkbox"/> LNAPL Status <input type="checkbox"/> Other Report: <i>Please specify:</i>					

SIGNATURE OF OWNER/OPERATOR (O/O) AND QUALIFIED UST CONSULTANT (QC) SUBMITTING SUPPLEMENTAL REPORT

O/O or AUTHORIZED REPRESENTATIVE SIGNATURE	PRINT NAME	DATE
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