

DEP BWSC CRA TECHNICAL SCREENING AUDIT FORM

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Lead RTN:					
SUBMITTAL TYPE (Circle one)		OHM description: (Source, Type of OHM, Media Affected)		Date Rcvd ____/____/____	
Phase II (Sec. I&II) Phase III (Sec. III) Phase IV (Sec. IV) Phase V/ROS (Sec. V) Other: Related RTNs:					
		Site Use:			
Town:		Site Name:			
Address:					
PRP/OP:		LSP Name:			
Consultant:		LSP No.:			
TECHNICAL SCREENING CHECKLIST					
Condition					Page #
I. SITE CONCERNS (Score based upon conditions at time of CRA filing)					
A. Time Critical Conditions					Yes No ?
1. <input type="checkbox"/> Applicable GW-2 standard exceeded @ residence/school with no soil gas/indoor air sampling					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. <input type="checkbox"/> More than 0.5" NAPL observed in any monitoring well					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. <input type="checkbox"/> One or more data points exceed UCL					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. <input type="checkbox"/> EPC in S-1 soil exceeds Method 1 standard and school/residence within 500 feet					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. <input type="checkbox"/> Site contaminants impacting indoor air					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Drinking Water					Yes No ?
1. Site within potentially drinking water source area (PDWSA)					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Site located within IWPA/mapped Zone II					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Private/Non- municipal public well(s) located within 500 feet of site					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Municipal well(s) located within 1000 feet of site					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. <input type="checkbox"/> Private well contaminated as a result of site					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. <input type="checkbox"/> Public water supply contaminated as a result of site					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C Contaminated Soil					Yes No ?
1. Category S-3 Soils					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Category S-2 Soils					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Category S-1 Soils					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Site and Area Use					Yes No ?
1. Industrial (no children likely to be present)					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Commercial (limited presence of children)					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. School/Institution					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Residential					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E. Released OHM [Contaminant Type(s)]					Yes No ?
1. Petroleum Fuel Oils					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Gasoline, lube oils, waste oils and other petroleum products					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Metals, coal tar, PCBs, pesticides/herbicides, asbestos					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Chlorinated Solvents					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Environmental Concerns					Yes No ?
1. Site within 500 feet of surface water and/or wetlands					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Endangered species habitat, ACEC and/or certified vernal pool within 500 feet					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Confirmed contamination of surface water, sediments and/or wetlands with site contaminants					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G. Site Complexity					Yes No ?
1. Media other than groundwater or soil affected (surface water, air, sediment)					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Co-mingled plumes (i.e., different sources from one or more sites co-mingled)					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Bedrock contamination					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If <input type="checkbox"/> conditions exist, see supervisor to discuss.					

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II. PHASE II Comprehensive Site Assessment – Indication That:		Citation(s)	Yes	No	?	NA	Page #
1.	A Phase II SOW has been developed and submitted to the Department	40.0832(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	The Phase II Report was received within 2 years of Tier Classification or within 2 years of the effective date of the Tier 1 Permit	40.0550(2)(a), 40.0560(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	The source, nature, extent, and potential impacts of the release(s) of oil and/or hazardous material have been identified	40.0833(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	The need to conduct remedial actions at the disposal site have been identified	40.0833(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	A Completion Statement (including an Opinion and certification) have been completed	40.0836(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	If appropriate, the disposal site has been re-scored using the Numerical Ranking System (NRS)	40.0840(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Public Involvement Activities have been completed	40.1403(3)(a)(e)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Characterization							
8.	Background has been identified or characterized	40.0904(2)(b), 40.1020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	The correct risk characterization method has been used	40.0941, 40.0942	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	The appropriate soil/groundwater categories have been properly identified	40.0930	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	EPC calculations have been provided (spatial or temporal) and EPCs have been properly calculated	40.0926	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Hot Spot(s) addressed, identified (as Hot Spot) and have not added in to other EPCs	40.0924(2), 40.0926(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Migration Pathways (air, groundwater, etc.) assessed and evaluated (All Methods, media dependent)	40.0904(2)(c), 40.1004(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Applicable soil and/or groundwater standards have not been exceeded (Method 1 or 2) or AUL applied	40.0974, 40.0975, 40.0988(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	All receptors have been accounted for (construction worker, trespassers, wetland, etc.) (Method 3)	40.0920-40.0922	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Proper Exposure Scenario assumptions (exposure period, etc.) (Method 3)	40.0923-40.0925	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	All Exposure Pathways (dermal, inhalation, etc.) have been presented (Method 3)	40.0925	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Total site risk has been calculated (Method 3)	40.0992, 40.0993(7),(8), (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. Phase III (RAP) Identification, Evaluation and Selection of Comprehensive Remedial Action Alternatives – Indication That:			Yes	No	?	NA	Page #
1.	The evaluation of remedial technologies was documented in a Ph III Remedial Action Plan (RAP)	40.0861(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	The RAP was received w/in 2 years of Tier Class. or w/in 2 years of the effective date of the Tier 1 Permit.	40.0550(2)(a), 40.0560(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	A description of all identified remedial action alternatives was included	40.0861(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	The results of an initial screening of the remedial action alternatives was included	40.0856(1), 40.0861(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	A detailed evaluation of the remedial technologies (except as provided in 40.0857(2)) was included (comparative effectiveness, short- & long-term reliability, difficulty, costs, risks, benefits, and timeliness)	40.0857(1), 40.0861(2)(b) 40.0858(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Justification for the selection of the proposed remedial action alternative	40.0861(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a Permanent Solution was chosen:		40.0859(2), 40.0861(e)					
7.	Discussion of how the Permanent Solution is likely to achieve No Significant Risk	40.0861(2)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Evaluation of the feasibility of reaching/approaching background (unless RAA will result in A-1 RAO)	40.0861(2)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	If RAA leaves OHM above UCLs at depths >15 ft or beneath an engineered barrier, an evaluation of the feasibility of reducing OHM below UCLs is included	40.0860(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	A projected schedule for the implementation of Phase IV activities was included	40.0861(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	A Completion Statement (including an Opinion and certification) have been completed	40.0862(3)(a)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Public Involvement Activities have been completed	40.1403(3)(e), 40.1406	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a Temporary Solution was chosen:		40.0859(2), 40.0861(2)(f)					
13.	Evaluation of the feasibility of implementing a Permanent Solution which is more cost-effective and timely	40.0860(2), 40.0861(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Discussion of how a Temporary Solution is likely to eliminate any Substantial Hazards is included	40.0861(2)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	A detailed description of definitive and enterprising steps to identify and develop a likely Permanent Solution and a schedule of such steps have been completed	40.0859(2), 40.0861(2)(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	A projected schedule for the implementation of Phase IV activities was included	40.0861(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	A Completion Statement (including an Opinion and certification) have been completed	40.0862(3)(a)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Public Involvement Activities have been completed	40.1403(3)(e), 40.1406	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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IV. Phase IV Implementation of the Selected Remedial Action Alternative – Indication That:	Citation(s)	Yes	No	?	NA	Page#
1. The Phase IV Remedial Implementation Plan (RIP) was received within 3 years of Tier Classification or within 3 years of the effective date of the Tier 1 Permit.	40.0550(2)(c), 40.0560(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The selected Remedial Action Alternative (RAA) has been documented in a Remedy Implementation Plan (RIP), unless technically justified	40.0874(1,2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. A list of relevant contacts including the PRP, the LSP, and the person who will operate and maintain RAA	40.0874(3)(a)					
4. Engineering designs (including goals, changes, disposal site map, proposed locations, env. media to be treated, conceptual plan, design and operational parameters, etc.) are included	40.0874(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Construction Plans and Specifications (including a construction schedule) are included	40.0874(3)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. An Operation, Maintenance and/or Monitoring (OMM) Plan, containing names & phone #s, general operating procedures, frequency & type of monitoring, is included	40.0874(3)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. A Health and Safety Plan is included	40.0874(3)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. A list of federal, state, or local permits, licenses, and/or approvals is included	40.0874(3)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. A discussion of property access issues (with a plan & timetable to resolve such issues) is included	40.0874(3)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. If significant variation from RIP occurred, or if an engineered barrier, or containment/immobilization system was installed, an As-Built Construction Report has been submitted.	40.0875(1)(b,c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. The As-Built Construction Report contains a description of construction activities, tests and measurements, significant modifications of the design or construction, and as-built drawings	40.0875(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. The Final Inspection Report was completed	40.0878(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. The Final Inspection Report contains a description of activities/findings, modifications from the RIP, any required permits, and a determination that the CRA meets projected design standards	40.0878(1,2,3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. A Completion Statement (including an LSP Opinion and certification) have been completed	40.0879(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Public Involvement Activities have been completed	40.1403(3)(a)(e)/40.1406	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V. Phase V Operation, Maintenance, and/or Monitoring or ROS – Indication That:		Yes	No	?		Page#
1. Operation, maintenance and/or monitoring activities (OM&M) have been performed to ensure the effective performance and integrity of the remedial action consistent with RAPS	40.0891(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. OM&M follows the OM&M plan developed as part of the Remedy Implementation Plan	40.0891(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Inspection and/or monitoring reports have been completed every six months (at minimum)	40.0892	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. I&M Reports contain descriptions of type & frequency of inspection and monitoring, significant modifications since preceding report, conditions or problems noted which may affect performance, corrective measures taken, sampling/screening results, and the name, license number, signature, and seal of the LSP	40.0893(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. A Completion Statement (including an Opinion and certification) have been completed	40.0894	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Public Involvement activities have been completed	40.0895, 40.1403(3)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remedy Operation Status						
7. Remedy Operation Status applies – Active O&M is being operated to achieve a Permanent Solution	40.893(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The remedial system was adequately designed to achieve a Permanent Solution	40.893(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The remedial system is being operated and maintained according to PhV OM&M	40.893(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Each source has been eliminated or controlled	40.893(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Any Substantial Hazard has been eliminated	40.893(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. ROS submittal contains a transmittal form, an ROS Opinion, and certification under 40.0009	40.893(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. ROS Status Reports have been completed and submitted to the Department every six months	40.893(2)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. A Completion Statement (including an Opinion and certification) have been completed	40.0894	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Public Involvement activities have been completed	40.0895, 40.1403(3)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	