

DEP BWSC DPS Technical Screening Audit Form

Disclaimer: This checklist is for use by DEP in reviewing Downgradient Property Status (DPS) assertions, and may not be relied upon for any other purpose. This checklist is not a comprehensive list of DPS requirements, which are fully set forth in MGL c. 21E and 310 CMR 40.0000. Completion of this checklist by DEP does not constitute a final agency decision, and does not create any legal rights or relieve any party of obligations that exist pursuant to applicable laws.

Lead RTN:		
SUBMITTAL TYPE (Circle one)	OHM description: (Source, Type of OHM, Media Affected, if known) Site Use: Upgradient Site Use: Upgradient Site Address: Upgradient Site RTN:	Date DPS Rcvd ____/____/____
DPS Initial Modification Termination		
Related RTNs:		

Town:	Site Name:
Address:	
PRP/OP:	LSP Name:
Consultant:	LSP No.:

TECHNICAL SCREENING CHECKLIST

Condition				Page #
I. SITE CONCERNS (Based upon conditions at time of DPS submittal)				
A. Time Critical Conditions (Check all that apply)				
1. <input checked="" type="checkbox"/> > Applicable GW-2 standard @ residence/school with no soil gas/indoor air sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <input checked="" type="checkbox"/> More than 0.5" NAPL observed in any monitoring well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <input checked="" type="checkbox"/> One or more data points exceed UCL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <input checked="" 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 checked="" type="checkbox"/> Site contaminants present in indoor air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Drinking Water (Check all that apply)				
1. Site within potential 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 checked="" type="checkbox"/> Contaminated private well confirmed with same contaminant-type as source/release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <input checked="" type="checkbox"/> Contaminated public water supply confirmed as a result of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Contaminated Soil (Check all that apply)				
1. Category S3 Soils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Category S2 Soils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Category S1 Soils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Site/Area Use (Check all that apply)				
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. Contaminant Type(s) (Check all that apply)				
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 or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Environmental Concerns (Check all that apply)				
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 (Check all that apply)				
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 checked="" type="checkbox"/> conditions currently exist, see supervisor to discuss.				

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II. DOWNGRADIANT PROPERTY STATUS SCREEN – For DPS submitted on or before 10/29/99											
A. Criteria For Asserting DPS						Citation 310 CMR	Yes	No	?	NA	Page #
1. Was DEP notified of the release, if required?						40.0183(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was the source of the release of OHM at the downgradient property located on one or more upgradient properties and OHM from that source has come to be located at the downgradient property as a result of migration of the OHM in or on groundwater regardless of whether the upgradient property or properties which is/are the source has/have been identified; or has the OHM come to be located at the downgradient property as the result of surface water migration and the source of the OHM has been identified?						40.0183(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has an act of the person asserting DPS contributed to the release?						40.0183(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has an act of the person who is asserting DPS caused the release to become worse?						40.0183(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the person asserting DPS affiliated with any other person who owned or operated the property from which the release originated, or caused such release, who is potentially liable under M.G.L. c. 21E for the disposal site through any direct or indirect contractual, corporate or financial relationship?						40.0183(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. To the extent that such person has performed response actions at the disposal site, have those response actions been performed in compliance with the requirements and procedures in M.G.L. c. 21E and 310 CMR 40.0000?						40.0183(2)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Performance Standards For A DPS Opinion											
1. Has an evaluation of the boundaries of the property been completed?						40.0183(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has an evaluation of the disposal site boundaries, to the extent they have been defined by assessments conducted to date, been completed?						40.0183(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has an evaluation of the known releases of OHM at the disposal site to the extent the releases have been identified been completed?						40.0183(4)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has an evaluation of the relevant hydrogeologic conditions been completed?						40.0183(4)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has the need to conduct an IRA been evaluated?						40.0183(4)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5a. If yes to question 5, is an IRA needed?						40.0183(4)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Were all abutters and/or PRPs notified with a copy of the DPS Opinion?						40.0183(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have public officials been notified of the DPS submittal?						40.1403(3)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has a copy of the letter sent to the public officials been provided to the Department?						40.1403(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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III. DOWNGRADIENT PROPERTY STATUS SCREEN – For DPS submitted on or after 10/30/99											
A. Criteria For Asserting DPS						Citation 310 CMR	Yes	No	?	NA	Page #
1. Was DEP notified of the release, if required?						40.0183(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has OHM from an upgradient source come to be located on the DPS property via GW or SW?						40.0183(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has an act of the person asserting DPS contributed to the release?						40.0183(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has an act of the person who is asserting DPS caused the release to become worse?						40.0183(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is there any affiliation with owner or operator of the upgradient property?						40.0183(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have response actions (if any) been conducted at the DPS property in compliance with MCP?						40.0183(2)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Performance Standards For A DPS Opinion											
1. Has an evaluation of the boundaries of the DPS property been completed?						40.0183(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has an evaluation of the disposal site boundaries, to the extent they have been defined, been completed?						40.0183(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has an evaluation of the release of OHM, at the disposal site, to the extent it has been defined, been completed?						40.0183(4)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. When migration of OHM has occurred via groundwater, has an evaluation of the relevant hydrogeologic conditions, including, at a minimum, groundwater flow direction and local transport characteristics based on field data been completed?						40.0183(4)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has a plan been provided showing the downgradient or downstream property and the disposal site boundaries (to the extent known), the locations of any known or suspected source(s) of OHM release(s) that have come to be located at the downgradient or downstream property, the groundwater flow and/or surface water flow (as appropriate), the locations where samples were collected for analysis, and the results of the analyses?						40.0183(4)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the need to conduct an IRA been evaluated?						40.0183(4)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6a. If yes to question 6, is an IRA needed?						40.0183(4)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Were all abutters and/or PRPs notified with a copy of the DPS Opinion?						40.0183(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have public officials been notified of the DPS submittal?						40.1403(3)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Has a copy of the letters sent to the public officials been provided to the Department?						40.1403(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	