

DEP BWSC PRA LEVEL 1 AUDIT FORM

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Lead RTN:										
SUBMITTAL TYPE (Circle)	Release Notification (circle one) 2-Hour / 72-Hour / 120-Dav	Date PRA Rcvd ___/___/___ Date Screened ___/___/___								
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">IRA</td> <td style="width:33%;">RAM</td> <td style="width:33%;">URAM</td> </tr> <tr> <td>Plan</td> <td>Status Report</td> <td>Completion Statement</td> </tr> <tr> <td>Modification</td> <td>Phase I</td> <td>T-Class</td> </tr> </table>	IRA	RAM	URAM	Plan	Status Report	Completion Statement	Modification	Phase I	T-Class
IRA	RAM	URAM								
Plan	Status Report	Completion Statement								
Modification	Phase I	T-Class								
Site Use:										
Town:	Site Name:									
Address:	LSP Name/No.:									
PRP/OP:	Consulting Firm:									
TECHNICAL SCREENING CHECKLIST										
Condition		Page #								
I. SITE CONCERNS										
A. Indoor Air (Based upon information contained within submittal)										
1. <input checked="" type="checkbox"/> Applicable GW-2 standard exceeded@ residence/school with no soil gas/indoor air sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
2. <input checked="" type="checkbox"/> Site contaminants impacting indoor air	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
B. Groundwater/Drinking Water (Based upon information contained within submittal)										
1. <input checked="" type="checkbox"/> More than 0.5" NAPL observed in any monitoring well	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
2. Site within potential drinking water source area (PDWSA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
3. Site located within IWPA/mapped Zone II	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
4. Private/Non-municipal public well(s) (TNC, NTNC) located within 500 feet of site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
5. Municipal well(s) located within 1000 feet of site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
6. <input checked="" type="checkbox"/> Private well contaminated as a result of site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
7. <input checked="" type="checkbox"/> Public water supply contaminated as a result of site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
8. SRM condition and no groundwater controls	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
C. Soil (Based upon information contained within submittal)										
1. IH levels of Arsenic (50), Cadmium (1,000), Chromium (200), Cyanide (100), Mercury (400), Methyl Mercury (10), or PCBs (10) in surface soil (< 1 foot)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
D. Environmental Concerns (Based upon information contained within submittal)										
1. Site within 500 feet of surface water and/or wetlands	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
2. Endangered species habitat, ACEC and/or certified vernal pool within 500 feet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
3. Confirmed contamination of surface water, sediments, and/or wetlands with site contaminants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
4. SRM condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
E. Site & Area Use (Choose all that apply)										
1. School/Institution/Playground	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
2. Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
F. Released OHM (Primary Contaminant Type(s))										
1. Petroleum Fuel Oils (#2, #4, #6, Jet fuel, kerosene, lube oil, MODF, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
2. Gasoline, waste oil	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
3. Metals, coal tar, PCBs, pesticides/herbicides, asbestos, PAHs, cyanide	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
4. Chlorinated solvents or other organic compounds	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
5. PFAS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
G. Site Complexity (Based upon information contained within submittal)										
1. Co-mingled plumes (i.e., different sources from one or more sites co-mingled)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
2. Bedrock contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?									
If <input checked="" type="checkbox"/> conditions currently exist, see supervisor to discuss.										

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II. ADMINISTRATIVE ADEQUACY		Citations	Yes	No	?	NA	Page
A. Regulatory Deadlines							
1. Notification made on time	Date: _____	40.0300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Phase I/TC within 1 yr of notification; Effective Date: _____	Tier: _____	40.0406	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Phase II submitted within 3 years of Tier Classification		40.0560(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Phase III submitted with 4 years of Tier Classification		40.0560(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Phase IV submitted within 4 years of Tier Classification		40.0560(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Permanent or Temporary Solution submitted within 5 years of Tier Classification		40.0560(2)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Tier Classification Extension submitted; # of Extensions _____		40.0560(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. For IRAs, submittal deadlines have been met: Plan within 60 days		40.0404(2), 40.0420(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. For IRAs, submittal deadlines have been met: Status Report within 120 days and every 6 months from approval or receipt of Plan, Completion Report within 60 days following completion of IRA activities, Remedial Monitoring Report monthly for IH/SRM or every 6 months for non-IH/SRM		40.0425(1)(2)(7), 40.0427(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. For RAMs, submittal deadlines have been met: Status Report within 120 days and every 6 months from approval or receipt of Plan, Remedial Monitoring Report every 6 months		40.0404(2), 40.0445(1)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. For RAMs, submittal deadlines have been met: Completion Report within 60 days following completion of RAM activities		40.0446(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. For URAMs, submittal deadlines have been met (Letter of Intent within 7 days)		40.0462(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. For URAMs, submittal deadlines have been met (Status Report within 120 days and every 6 months from notification, Completion Report within 60 days following completion of URAM activities, Remedial Monitoring Report every 6 months)		40.0465(1)(5), 40.0466(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. TECHNICAL ADEQUACY							
A. Response Action Type							
1. Assessment Only			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Innovative Technology			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Soil Excavation: Volume _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Recycle			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Landfill			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Reuse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treat/Stabilize			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Cap/Cover/Engineered Barrier			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Ph III completed when cap/engineered barrier was proposed or constructed as part of a Permanent Solution		40.0414(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Construction of Building in Contaminated Area			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Groundwater Treatment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Pump & Treat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Removal (Vacuum)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Free Product Recovery			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Bioremediation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Application to treat VOCs within 50' surface water/100' private well/800' public well or within 100 ft of a school, daycare, child care, or occupied residential dwelling		40.0046(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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7. Venting/Sub Slab Depressurization System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Soil Vapor Extraction/Air Sparging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Chemical Oxidation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Application to treat VOCs within 50' surface water/100' private well/800' public well	40.0046(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Description of Response Actions – Indication That:		Yes	No	?	N/A	Page
1. Plan/Status Report/Completion Report is adequate/complete	40.0420, 40.0440, 40.0460	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Response actions taken were in accordance with MassDEP approvals (i.e., special conditions, Interim deadlines, etc.)	40.0404(1), 40.0420(2), 40.0443(3), 40.0463(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Response actions proposed or taken demonstrate the level of diligence necessary, consider relevant policies, methods or practices, or have been technically justified	40.0191, 40.0193	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Monitoring of response actions is adequate (soil, groundwater, air, dust, etc.)	40.0405(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Analytical or environmental monitoring data is scientifically valid and defensible, and of a level of precision and accuracy commensurate with its stated or intended use	40.0017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. System shutdown/operational problems	40.0027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Remediation Waste – Indication That:						
1. Remediation waste has been managed appropriately	40.0030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Water/air discharges are within discharge limitations	40.0040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV. Preliminary Response Action Type						
A. Immediate Response Actions (required for 2/72-hr release) – Indication That:						
1. Release/TOR has been adequately assessed or additional assessment is planned	40.0405, 40.0414(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. An Imminent Hazard condition has been eliminated/controlled	40.0427	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. A condition of Substantial Release Migration has been mitigated	40.0414	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Critical Exposure Pathway has been eliminated and/or mitigated	40.0414(3)&(4),40.0427(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Excavation and stockpiling of >100 cyds (cum.) UST-related oil- or waste oil-contaminated soil before notification	40.0421(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Release Abatement Measures – Indication That:						
1. Off-site disposal of > 500 cubic yards (cumulative) of OHM-contaminated soil	40.0442(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. On or off-site treatment, recycling, or reuse of > 1500 cubic yards (cum.) of OHM contaminated soil	40.0442(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Certification of sufficient financial resources if excavation of >1500 cyds (cum.) OHM contaminated soil	40.0442(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. RAM was initiated within one year of receipt of RAM Plan	40.0443(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. RAM fee paid, if prior to Tier Classification/PTS	40.0444(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Utility-related Abatement Measures – Indication That:						
1. During emergency repair, notification provided within 72-hours of conducting URAM	40.0462(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. A 2-hour or 72-hour reporting condition likely exists	40.0461(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Excavation of >100 cyds (cum) oil- or waste oil-contaminated soil (LSP required)	40.0462(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Excavation of >20 cyds (cum.) haz. mat.-contaminated soil or mix (LSP required)	40.0462(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Temporary relocation of soil is returned to site or otherwise managed within 14 days	40.0462(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Reasonable attempt made to notify property owner, except during non-business-hour emergency repairs	40.462(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		Yes	No	?	N/A	Page
V. Phase I – Initial Site Investigation – Information Regarding:						
A. General site information including:						
1. Address and Geographical Location (Street, Lat./Long. and UTM Coordinates)	40.0483(1)(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Disposal Site Locus Map with 500 foot and ½ mile radii	40.0483(1)(a)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Estimated number of workers on-site	40.0483(1)(a)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Estimated residential population within ½ mile	40.0483(1)(a)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. General description of land uses surrounding the disposal site	40.0483(1)(a)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Number of Institutions within 500 feet	40.0483(1)(a)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Natural Resources within 500' (surface waters, wetlands, drinking water supplies, ACECs, etc.)	40.0483(1)(a)(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Disposal Site Map, including:						
1. Disposal Site Boundaries	40.0483(1)(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Property boundaries located within the disposal site boundaries	40.0483(1)(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. On-site buildings	40.0483(1)(b)(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Floor and storm drains	40.0483(1)(b)(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Subsurface utilities	40.0483(1)(b)(3)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. OHM storage and disposal structures	40.0483(1)(b)(3)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Location of known OHM releases	40.0483(1)(b)(3)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Monitoring wells, borings, test pits, and other screening and/or sampling points	40.0483(1)(b)(3)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Disposal Site History, including:						
1. Owner/Operator and Operations History	40.0483(1)(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Release History (source and locations, cause, approx. date and duration, type of OHM, volume, etc.)	40.0483(1)(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. OHM Use and Storage History (type, chemical name, uses, quantities, periods, storage locations)	40.0483(1)(c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Waste Management History (land disposal, subsurface, surface water, WWTP, etc.)	40.0483(1)(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Environmental Permits and Compliance History (21E, OHM, WW, GW, Air, RCRA, NPDES permits)	40.0483(1)(c)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Potentially Responsible Parties (names and addresses of all PRPs)	40.0483(1)(c)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Site Hydrogeological Characteristics, including:						
1. Concise description of all subsurface investigations and assessments to date	40.0483(1)(d)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Documentation of boring advancement, well construction and development, including drilling logs	40.0483(1)(d)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Characterization of general site topography (slope, bedrock outcrops, surface drainage features)	40.0483(1)(d)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Characterization of geologic and stratigraphic conditions	40.0483(1)(d)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Description and graphical depiction of groundwater flow direction including monitoring well locations	40.0483(1)(d)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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E. Nature and Extent of Contamination, including:		Yes	No	?	NA	Page
1. Evidence of releases (visual, olfactory, field screening, lab analysis, historical knowledge)	40.0483(1)(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Names, concentrations, and volumes of released OHM	40.0483(1)(e)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Laboratory data sheets	40.0483(1)(e)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Details on approximate horizontal and vertical extent	40.0483(1)(e)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Details on presence and thickness of non-aqueous phase liquids	40.0483(1)(e)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Migration Pathways and Exposure Potential, including						
1. Description and evaluation of known and potential migration by air, soil, groundwater, surface water	40.0483(1)(f)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Description of known and potential human exposure by inhalation, dermal contact, or ingestion of OHM	40.0483(1)(f)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Description of known and potential impacts to environmental receptors, especially ACECs, etc.	40.0483(1)(f)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Evaluation of the need for Immediate Response Actions						
1. Evaluated the need for Immediate Response Actions	40.0483(1)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Conclusions						
1. Presented a summary of findings and a statement of conclusions	40.0483(1)(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. Technical Justification for the omission of categories						
1. Presented technical justification for omission of any of the above categories	40.0483(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VI. Tier Classification:						
1. A Phase I Report (or equivalent) was prepared in accordance with 40.0480	40.0510(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Tier I Criteria (Zone II, IWPA, GW > RCGW-1) are present at the site	40.0520(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The site is Tier I as a result of an Imminent Hazard	40.0520(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Risk Reduction measures resulted in a lower Tier Classification	40.0520(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The site Classification was correct; or the site was correctly reclassified after Tier 1 Criteria were eliminated.	40.0520(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. DEP review raised the original classification	40.0530(1)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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)	
Phase II	Phase III	Date Rcvd ____/____/____	
Phase IV	Phase V/ROS		
Periodic Review	Other:		
Related RTNs:	Site Use:		
Town:		Site Name:	
Address:		LSP Name/No.:	
PRP/OP:		Consulting Firm:	
TECHNICAL SCREENING CHECKLIST			
Condition	Page #		
I. SITE CONCERNS (Score based upon conditions at time of CRA filing)			
A. Indoor Air (Based upon conditions at time of submittal)			
Yes No ?			
1. <input checked="" 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 checked="" type="checkbox"/> Site contaminants impacting indoor air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Groundwater/Drinking Water (Based upon conditions at time of submittal)			
Yes No ?			
1. <input checked="" type="checkbox"/> More than 0.5" NAPL observed in any monitoring well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Site within potential drinking water source area (PDWSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Site located within IWPA/mapped Zone II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Private/Non-municipal public well(s) (TNC, NTNC) located within 500 feet of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Municipal well(s) located within 1000 feet of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <input checked="" type="checkbox"/> Private well contaminated as a result of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <input checked="" type="checkbox"/> Public water supply contaminated as a result of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Soil (Based upon conditions at time of submittal)			
Yes No ?			
1. IH levels of Arsenic (50), Cadmium (1,000), Chromium (200), Cyanide (100), Mercury (400), Methyl Mercury (10), or PCBs (10) in surface soil (< 1 foot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 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"/>
E. Site & Area Use (Choose all that apply)			
Yes No ?			
1. School/Institution/Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Released OHM (Primary Contaminant Type(s))			
Yes No ?			
1. Petroleum Fuel Oils (#2, #4, #6, Jet fuel, kerosene, lube oil, MODF, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gasoline, waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Metals, coal tar, PCBs, pesticides/herbicides, asbestos, PAHs, cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Chlorinated solvents or other organic compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PFAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Site Complexity			
Yes No ?			
1. Co-mingled plumes (i.e., different sources from one or more sites co-mingled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bedrock contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> conditions currently 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 3 years of Tier Classification		40.0560(2)(b)	<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 OHM 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-classified after Risk Reduction measures.		40.0520(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Public Involvement Activities have been completed		40.0839, 40.1403(3)(a)(e)(f), 40.1406	<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(11), 40.0926(12)	<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(11),(12), (13)	<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 4 years of the effective date of Tier Classification		40.0560(2)(c)	<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)(b)	<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)(b)	<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)(c), 40.0858(1-8)	<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)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a Permanent Solution was chosen:		40.0859(2), 40.0861(2)(f)					
7. Discussion of how the Permanent Solution is likely to achieve No Significant Risk		40.0861(2)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Evaluation of the feasibility of reaching/approaching background		40.0861(2)(f)2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. If RAA leaves OHM above Method 3 Ceiling Limits at depths >15 ft or beneath an Engineered Barrier, an evaluation of the feasibility of reducing OHM below Method 3 Ceiling Limits 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(2)(i)	<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		40.0863, 40.1403(3)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a Temporary Solution was chosen:		40.0859(2)(a), 40.0861(2)(g)					
13. Evaluation of the feasibility of implementing a Permanent Solution which is more cost-effective and timely		40.0860(2), 40.0861(2)(e)	<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)(g)	<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"/>	

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16. A projected schedule for the implementation of Phase IV activities was included	40.0861(2)(i)	<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	40.0863, 40.1403(3)(e)	<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 Remedial Implementation Plan (RIP) was received within 4 years of Tier Classification	40.0560(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The selected Remedial Action Alternative (RAA) has been documented in a 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Engineering designs (including goals, changes, disposal site map, proposed locations, environmental 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 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)(a,b)	<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. Remedial Monitoring and Phase IV Status Reports have been submitted in accordance with deadlines, where Active Operation and Maintenance is conducted prior to submittal of Final Inspection Report and Phase IV Completion Statement	40.0877(1)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Phase IV Status Report includes descriptions of type and frequency of OM&M activities, significant modifications since preceding report, performance of remedial action, problems noted which may affect performance, corrective measures taken, and the name, license number, signature and seal of LSP	40.0877(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. The Final Inspection Report was completed	40.0878(1,2,3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. 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"/>	
16. 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"/>	
17. Public Involvement Activities have been completed	40.0880, 40.1403(3)(a)(e)	<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	?	NA	Page#
1. 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"/>	
2. Phase V Status Reports have been submitted 6 months from receipt of Phase IV Completion Statement and every 6 months thereafter	40.0892(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Phase V Status Report includes descriptions of type and frequency of OM&M activities, significant modifications since preceding report, performance of remedial action, problems noted which may affect performance, corrective measures taken, and the name, license number, signature and seal of LSP	40.0892(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Remedial Monitoring Reports have been submitted in accordance with deadlines for disposal sites where Active Operation and Maintenance is being conducted	40.0892(3)	<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)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remedy Operation Status						
7. ROS applies: Active O&M is being conducted to achieve a Permanent Solution	40.893(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Phase III and Phase IV Comprehensive Response Actions have been completed	40.0893(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The remedial system, mitigation measure, remedial program or combination is being operated and maintained according to Phase V OM&M	40.893(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Each source has been eliminated or controlled	40.893(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Any Substantial Hazard has been eliminated	40.893(2)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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12. Where remedy includes an AEPMM, the requirements at 310 CMR 40.1026 are met	40.0893(2)(g), 40.1026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Information and data on OM&M have been documented in Status and Remedial Monitoring Reports in accordance with deadlines	40.0893(2)(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. 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"/>	
15. Written notification of mechanical failure and/or need to substantially modify remedial system or program have been completed	40.0893(6)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. 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"/>	
17. Public Involvement activities have been completed	40.0895, 40.1403(3)(e)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VI. Periodic Review- Indication That:		Yes	No	?	NA	Page#
1. Periodic Reviews have been conducted and submitted every 5 years and contain:	40.1050(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Discussion of current Feasibility of a Permanent Solution	40.1050(4)(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Discussion of the effectiveness of the Temporary Solution and evaluation of any AUL thereof	40.1050(4)(b)(1)&(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Description of necessary and required actions to maintain the Temporary Solution	40.1050(4)(b)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DEP BWSC LEVEL 1 AUDIT FORM TEMPORARY SOLUTIONS

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Lead RTN:			
SUBMITTAL TYPE		Release description: (Source, OHM, Media)	Date TS Rcvd ____/____/____
Temporary Solution: <input type="checkbox"/> TF <input type="checkbox"/> TN <input type="checkbox"/> Partial <input type="checkbox"/> Revised <input type="checkbox"/> AUL <input type="checkbox"/> AEPMM Other:		Site Use:	Date Screened ____/____/____ Reviewer: Related RTNs:
Town:		Site Name:	
Address:		LSP Name/#:	
PRP/OP:		Consulting Firm:	
Based upon site conditions at time of TS submittal			
I. SITE CONDITIONS			
A. Air			Yes No ? Page
1. <input checked="" 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 checked="" type="checkbox"/> Site contaminants impacting indoor air			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Drinking Water/Groundwater			Yes No ? Page
1. <input checked="" type="checkbox"/> More than 0.5" NAPL observed in any monitoring well			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Site within potential drinking water source area (PDWSA)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Site located within IWPA/mapped Zone II			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Private well(s) located within 500 feet of site			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Public Water Supply well(s) (Community Well, TNC, NTNC) located within 1000 feet of site			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. <input checked="" type="checkbox"/> Private well contaminated as a result of site, still in use (no treatment, no public water, etc.)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. <input checked="" type="checkbox"/> Public water supply contaminated as a result of site, no filters or other mitigation.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C Contaminated Soil At a School or Residence			Yes No ? Page
1. EPC in S-1 soil exceeds Method 1 Standard			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Bioaccumulating compounds (i.e. Hg, Pb, PCBs, etc.) detected less than 1 foot deep			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. <input checked="" type="checkbox"/> IH compounds (arsenic, cadmium, chrome VI, cyanide) detected less than 1 foot deep			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Environmental Concerns			Yes No ? Page
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"/>
4. SRM Condition and no groundwater controls			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E. Site & Area Use – Check All That Apply			Yes No ? Page
1. Industrial use or public Right of Way (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 (pre-K through high school, not college/university)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Residential			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Released OHM (Primary Contaminant Type[s])			Yes No ? Page
1. Petroleum fuel oils (e.g. #2, #4, #6, JP-4, JP-8, kerosene, lube oil, MODF, etc.)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Gasoline, waste oils, Aviation Fuel (AVGAS, Jet A, etc.)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Metals, coal tar, PCBs, pesticides/herbicides, asbestos, cyanide			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Chlorinated solvents, perchlorate, or other organic compounds			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. PFAS			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Radioactive Material			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G. Site Complexity			Yes No ? Page
1. Co-mingled plumes (i.e., from different sources, one or more releases co-mingled)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Bedrock contamination			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DEP BWSC LEVEL 1 AUDIT FORM TEMPORARY SOLUTIONS

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3. Co-located IRA condition at the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Imminent Hazard currently exists at the site	<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. TECHNICAL ADEQUACY		Citation(s)					
A. Remedial Response Actions:			Yes	No	?	NA	Page
1. Documentation (BOL, HWM, etc.) of removal/treatment of contaminated soil was provided		40.0030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Remediation waste properly managed (Air [95%], GW [permit], SW [NPDES])		40.0031-40.0049	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Source/Extent Investigations:			Yes	No	?	NA	Page
1. History of OHM use/storage/disposal at the site included		40.0405(1), 40.0835(4)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Potential source(s) identified, characterized, or abated (septic leach field, floor drain, AST, etc.)		40.0904(2), 40.1003(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. All migration pathways evaluated (soil, groundwater, surface water, air, sediment, food)		40.0904(2)(c); 40.1003(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Extent of contamination defined in all media (including downgradient)		40.0904(2)(a),40.1003(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. NAPL has been adequately assessed (nature, extent, and mobility)		40.1003(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Potential or actual OHM analyzed for and/or evaluated (metals, VPH, VOCs, etc.)		40.0904(3)(a), 40.0926(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Proper sample collection technique/preservation//holding times/surrogate recovery, etc.		40.0017(2-3), 40.1057(1)(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Risk Characterization:			Yes	No	?	NA	Page
1. Correct risk characterization method used (relative to indoor air, surface water, sediment, etc.)		40.0941, 40.0942	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Technical justification of sampling approach provided for EPC (e.g. judgmental or systematic)		40.0903	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Technical justification of sample collection procedure provided (e.g. discrete or incremental)		40.0903	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Background identified or characterized		40.0904(2)(b), 40.1020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. All receptors accounted for (human, environmental) or AUL applied		40.0920-40.0922	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Site activities and uses identified (current, future, any limitations that were assumed)		40.0923	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Exposure points identified (GW & soil for all RC Methods, other media for Methods 2 & 3)		40.0924	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. All exposure pathways identified and evaluated (inhalation, ingestion, dermal, etc.)		40.0925	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Hot Spot(s) addressed, identified (as Hot Spot) and not added in to other EPCs		40.0924(11), 40.0926(12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. EPC calculation(s)/equations provided (including spatial and/or temporal, Hot Spots, etc.)		40.0926	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. EPC properly calculated (maximum concentration, 75%/10x, upper confidence limit)		40.0926	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Soil/groundwater categories properly identified		40.0930	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Applicable soil and/or GW standards not exceeded (Method 1 or 2) or AUL applied		40.0973(7), 40.0988(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Characterization of Risk to Safety is included (all methods)		40.0960	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Method 3 Public Welfare Risk Characterization is included		40.0994	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Method 3 Environmental Risk Characterization – Stage 1 or 2 was completed, if applicable		40.0995	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Method 3 Human Health: Non-Cancer Risks < HI of 1, ELCR < than 1x10 ⁻⁵		40.0993(10),(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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III. General Provisions for Temporary Solutions (TS):		Yes	No	?	NA	Page
1. Correct TS was selected	40.1030, 40.1050(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Site boundaries delineated and referenced to permanent landmarks or surveyed boundaries	40.1003(4), 40.1057(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Relationship of this TS to other TSs and/or other required response actions needed for the property has been defined	40.1057(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Temporary Solution Statement clearly stated that achievement of a condition of NSH is based on the operation of one or more AEPMMs	40.1057(1)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Data Usability Assessment (scien. valid & defensible, precise, accurate, complete) is included	40.1057(1)(j), 40.1057(2)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Data Representativeness Evaluation (adequate spatial and temporal data) is included	40.1057(2)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Solutions:		Yes	No	?	NA	Page
1. A condition of No Substantial Hazard exists	40.1050(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Sources of OHM have been identified, characterized, eliminated or controlled as specified at 40.1003(5)(a) and (c)	40.1050(1)(b), 40.1057(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Control of plumes of dissolved OHM in groundwater, and of vapor-phase OHM in the vadose zone has been achieved to the extent feasible per 40.1003(6)(b)	40.1050(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. NAPL, if present, has been addressed as specified in 40.1003(7)(b)	10.1050(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Phase II and Phase III reports were submitted, or DPS Opinion was submitted	40.1050(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. A valid Phase III evaluation concludes that either response actions are not currently feasible or are feasible and need to be continued toward a Permanent Solution	40.1050(1)(e)1.,2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Effectiveness of the AEPMM in eliminating OHM exposures, based on the measurement of EPCs representative of exposures to applicable receptors during system operation, was demonstrated prior to the Temporary Solution being achieved.	40.1026(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. For Temporary Solutions where response actions are feasible:		Yes	No	?	NA	Page
1. A plan is included that presents definitive and enterprising steps toward a Permanent Solution	40.1050(5)(a), 40.1050(1)(e)2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. A valid Tier Classification is in place when the Temporary Solution is submitted and be maintained throughout response actions	40.1050(5)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. For Temporary Solutions where response actions are not feasible:		Yes	No	?	NA	Page
1. Valid feasibility evaluation demonstrates that a Permanent Solution currently cannot be achieved.(unless valid DPS submittal has been submitted with the Temporary Solution Statement)	40.1050(1)(e)1, 40.0180, 40.0860(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. A copy of a plan that presents definitive and enterprising steps toward achieving a Permanent Solution	40.1050(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. A periodic review of the Temporary Solution has been conducted every fifth year after filing the Temporary Solution until such time as a Permanent Solution is submitted.	40.1050(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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4. All elements of a Periodic Review are included including effectiveness of the Temporary Solution, any changes in site uses or activities, evaluation of any AUL in maintaining conditions of No Substantial Hazard, description of response actions, description of type and frequency of monitoring, etc., as outlined in 40.1050(4)(b) 1 through 8.	40.1050(4)(b)1.-8.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. Site has a valid Tier Classification	40.1050(4)(c)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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Lead RTN:				
SUBMITTAL TYPE	OHM description: (Source, Type of OHM, Media Affected) Site Use:	Date PS Rcvd ____/____/____		
Permanent Solution <input type="checkbox"/> Partial <input type="checkbox"/> Revised <input type="checkbox"/> No Conditions <input type="checkbox"/> With Conditions <input type="checkbox"/> AEPMM <input type="checkbox"/> AUL Other:		Date Screened ____/____/____ Reviewer: Related RTNs:		
Town:	Site Name:			
Address:	LSP Name/#:			
PRP/OP:	Consulting Firm:			
Based upon site conditions at time of Permanent Solution submittal				
I. SITE CONDITIONS				
A. Air	Yes	No	?	Page
1. <input checked="" 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 checked="" type="checkbox"/> Site contaminants impacting indoor air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Drinking Water/Groundwater	Yes	No	?	Page
1. <input checked="" type="checkbox"/> More than 0.5" NAPL observed in any monitoring well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Site within potential drinking water source area (PDWSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Site located within IWPA/mapped Zone II/ Zone A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Private well(s) located within 500 feet of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Public Water Supply well(s) (Community Well, TNC, NTNC located within 1000 feet of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <input checked="" type="checkbox"/> Private well contaminated as a result of site, still in use (no treatment, no public water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. <input checked="" type="checkbox"/> Public water supply contaminated as a result of site, no filters or other mitigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C Contaminated Soil At a School or Residence	Yes	No	?	Page
1. EPC in S-1 soil exceeds Method 1 Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Bioaccumulating compounds (i.e. Hg, Pb, PCBs, etc.) detected less than 1 foot deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <input checked="" type="checkbox"/> IH compounds (arsenic, cadmium, chrome VI, cyanide) detected less than 1 foot deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Environmental Concerns	Yes	No	?	Page
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"/>	
4. SRM Condition and no groundwater controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Site & Area Use – Check All That Apply	Yes	No	?	Page
1. Industrial use or public Right of Way (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 (pre-K through high school, not college/university)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Released OHM (Primary Contaminant Type[s])	Yes	No	?	Page
1. Petroleum fuel oils (e.g. #2, #4, #6, JP-4, JP-8, kerosene, lube oil, MODF, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Gasoline, waste oils, Aviation Fuel (AVGAS, Jet A, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Metals, coal tar, PCBs, pesticides/herbicides, asbestos, cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Chlorinated solvents, perchlorate, or other organic compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. PFAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Radioactive Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Site Complexity	Yes	No	?	Page
1. Co-mingled plumes (i.e., from different sources, one or more releases co-mingled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. 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. TECHNICAL ADEQUACY		Citation(s)					
A. Remedial Response Actions:			Yes	No	?	NA	Page
1. Documentation (BOL, HWM, etc.) of removal/treatment of contaminated soil was provided		40.0030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Remediation waste properly managed (Air [95%], GW [permit], SW [NPDES])		40.0031-40.0049	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Source/Extent Investigations:			Yes	No	?	NA	Page
1. History of OHM use/storage/disposal at the site is included		40.0405(1), 40.0835(4)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Potential source(s) identified, characterized, or abated (septic leach field, floor drain, AST, etc.)		40.0904(2), 40.1003(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. All migration pathways evaluated (soil, groundwater, surface water, air, sediment, food)		40.0904(2)(c), 40.1003(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Extent of contamination defined in all media (including downgradient)		40.0904(2)(a),40.1003(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. NAPL has been adequately assessed (nature, extent, and mobility)		40.1003(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Potential or actual OHM analyzed for and/or evaluated (metals, VPH, VOCs, etc.)		40.0904(3)(a), 40.0926(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Proper sample collection technique/preservation//holding times/surrogate recovery, etc.		40.0017(2-3), 40.1056(1)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Risk Characterization:			Yes	No	?	N A	Page
1. Correct risk characterization method used (relative to indoor air, surface water, sediment, etc.)		40.0941, 40.0942	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Technical justification of sampling approach provided for EPC (e.g. judgmental or systematic)		40.0903	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Technical justification of sample collection procedure provided (e.g. discrete or incremental)		40.0903	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Background identified or characterized		40.0904(2)(b), 40.1020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. All receptors accounted for (human, environmental) or AUL applied		40.0920-40.0922	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Site activities and uses identified (current, future, any limitations that were assumed)		40.0923	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Exposure points identified (GW & soil for all RC Methods, other media for Methods 2 & 3)		40.0924	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. All exposure pathways identified and evaluated (inhalation, ingestion, dermal, etc.)		40.0925	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Hot Spot(s) addressed, identified (as Hot Spot) and not added in to other EPCs		40.0924(11), 40.0926(12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. EPC calculation(s)/equations provided (including spatial and/or temporal, Hot Spots, etc.)		40.0926	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. EPC properly calculated (maximum concentration, 75%/10x, upper confidence limit)		40.0926	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Soil/groundwater categories properly identified		40.0930	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Applicable soil and/or GW standards not exceeded (Method 1 or 2) or AUL applied		40.0973(7), 40.0988(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Characterization of Risk to Safety is included (all methods)		40.0960	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Method 3 Public Welfare Risk Characterization is included		40.0994	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Method 3 Environmental Risk Characterization – Stage 1 or 2 was completed, if applicable		40.0995	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Method 3 Human Health: Non-Cancer Risks < HI of 1, ELCR < than 1x10 ⁻⁵		40.0993(10),(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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III. General Provisions for Permanent Solution Statement (PSS):		Yes	No	?	NA	Page
1. Correct Permanent Solution category was selected	40.1041	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Site boundaries delineated and referenced to permanent landmarks or surveyed boundaries	40.1003(4), 40.1056(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Permanent Solution is appropriate for any foreseeable period of time and includes anticipated impacts to climate change, if appropriate	40.1005(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Relationship of this PSS to other PSSs and/or other required response actions are needed for the property has been defined	40.1056(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Permanent Solution Statement clearly stated that achievement of a condition of NSR is based on the operation of one or more AEPMMs	40.1056(1)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Data Usability Assessment (scien. valid & defensible, precise, accurate, complete) is included	40.1056(1)(k), 40.1056(2)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Data Representativeness Evaluation (adequate spatial and temporal data) is included	40.1056(2)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. A background feasibility evaluation is included	40.1020(3), 40.0860	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. A Permanent Solution has been achieved	40.1040(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. All sources of OHM have been eliminated or controlled	40.1040(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Permanent Solutions with no conditions:		Yes	No	?	NA	Page
1. The level of OHM at the site <i>has been</i> reduced to background	40.1040(1)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. OHM does not exceed Method 3 Ceiling Limit in soil or groundwater unless the concentrations are consistent with Natural Background	40.1041(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. A condition of No Significant Risk exists and will be maintained without relying on assumed limitations of future site use or activities with or without an AUL	40.1041(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Threats of Release Only: all TORs were eliminated, and a release of OHM has <i>not</i> occurred	40.1041(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Permanent Solutions with Conditions:		Yes	No	?	NA	Page
1. OHM does not exceed an applicable Method 3 Ceiling Limit unless the concentrations are consistent with Anthropogenic Background or the OHM is located at a depth at least 15 feet below the ground surface or an Engineered Barrier and it is not feasible to reduce the OHM.	40.1041(2)(b), 40.0860	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness of the AEPMM in eliminating OHM exposures, based on the measurement of EPCs representative of exposures to applicable receptors during system operation, was demonstrated prior to the Permanent Solution being achieved.	40.1025(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The necessity of operating/maintaining an AEPMM in accordance with the operating regimen documented in the Permanent Solution was specified in a Notice of AUL.	40.1012(2)(b), 40.1025(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The AEPMM was not used to support a Permanent Solution with Conditions if an IH condition would exist at the site if system operation was suspended for 60 or fewer days.	40.1025(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If an AUL has been implemented to maintain a condition of No Significant Risk, the use of the AUL is appropriate.	40.1012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Limitations, Assumptions or Conditions that do not require an AUL have been correctly identified	40.1013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DEP BWSC LEVEL 1 AUDIT FORM PERMANENT SOLUTIONS

Disclaimer: This checklist is for use by DEP in reviewing Permanent Solutions, and may not be relied upon for any other purpose. This checklist is not a comprehensive list of closure 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.

7. If the PSC relies on an Engineered Barrier, a Financial Assurance Mechanism approved by MassDEP has been implemented	40.0998(2)(g), 40.0998(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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