



MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION

Western Regional Office/Bureau of Waste Site Cleanup

# AUL FIELD INSPECTION FORM

RELEASE TRACKING NUMBER

TOWN:

Site Name: <input type="text"/>	Contact Person: <input type="text"/>
Address: <input type="text"/>	

AUL INFORMATION (filled out by Screening/Office Staff)		SITE INSPECTION (filled out by Field Staff)	
Date Recorded: <input type="text"/>	Description of AUL area at time of filing: <input type="checkbox"/> Building(s) <input type="checkbox"/> Pavement <input type="checkbox"/> Cap/Cover <input type="checkbox"/> Grassed/landscaped <input type="checkbox"/> Other: <input type="text"/>	Boundaries of AUL area(s) identifiable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Complete access to all AUL area(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
AUL covers: <input type="checkbox"/> Property <input type="checkbox"/> Portion <input type="checkbox"/> Unclear		Evidence of recent excavation/disturbance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of recent construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional details and information regarding the AUL area(s): <input type="text"/>		Remediation Waste present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indication of potentially serious site conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Notes: <input type="text"/>	

PERMITTED ACTIVITIES AND USES	OBSERVED ACTIVITIES AND USES
<input type="checkbox"/> Residential <input type="checkbox"/> Daycare <input type="checkbox"/> School <input type="checkbox"/> Playground <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Excavation <input type="checkbox"/> Construction <input type="checkbox"/> Recreation Other/Details/Conditions: <input type="text"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Daycare <input type="checkbox"/> School <input type="checkbox"/> Playground <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Excavation <input type="checkbox"/> Construction <input type="checkbox"/> Recreation Comments: <input type="text"/>  VIOLATION OBSERVED: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Possible

INCONSISTENT/RESTRICTED ACTIVITIES AND USES	OBSERVED ACTIVITIES AND USES
<input type="checkbox"/> Residential <input type="checkbox"/> Day Care <input type="checkbox"/> School <input type="checkbox"/> Playground <input type="checkbox"/> Park <input type="checkbox"/> Recreation <input type="checkbox"/> Construction <input type="checkbox"/> Excavation <input type="checkbox"/> Disturbance Gardening - type: <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> Flowers/Landscaping Other/Details/Conditions: <input type="text"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Day Care <input type="checkbox"/> School <input type="checkbox"/> Playground <input type="checkbox"/> Park <input type="checkbox"/> Recreation <input type="checkbox"/> Construction <input type="checkbox"/> Excavation <input type="checkbox"/> Disturbance Gardening - type: <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> Flowers/Landscaping Comments: <input type="text"/>  VIOLATION OBSERVED: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Possible

OBLIGATIONS AND CONDITIONS	OBSERVED CONDITIONS
<input type="checkbox"/> Maintain Pavement <input type="checkbox"/> Maintain other cap/cover/liner <input type="checkbox"/> Soil Mgmt Plan (SMP) <input type="checkbox"/> Health & Safety Plan (HSP) <input type="checkbox"/> Maintain Signs/Notices Other/Details/Conditions: <input type="text"/>	<input type="checkbox"/> Pavement <input type="checkbox"/> Cap/Cover/Liner <input type="checkbox"/> Signs/Notices Comments: <input type="text"/>  VIOLATION OBSERVED: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Possible

AUL Sketch attached to this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed by: <input type="text"/>	Date: <input type="text"/>	Completed by: <input type="text"/>	Inspection Date: <input type="text"/>
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