

AUDIT INSPECTION SCREENING CHECKLIST

LEAD RTN:	Date Inspected:	Action Inspected:
TOWN: Acton	Site Name:	
ADDRESS:		
PRP/OP:	LSP/Consultant:	
Condition	Yes/No	Comments
Public Health		
NAPL w/in 15 feet of ground surface		
>5 mg/l total VOCs <15' & within 30 feet school/residence		
OHM in surficial soil in S-1 area (school/residence/park)		
Potential for impacts to nearby receptors		
Private wells <500 feet, Zone II, or IWPA		
Public Safety		
Accessible pits/lagoons/ debris related to clean-up		
Possible fire/explosion hazard		
Remedial system not secured		
Public Welfare		
Odors/dust/debris/appearance problem		
Environment		
Within 500 feet of surface water, ACEC and/or wetlands		
Confirmed contamination of surface water and/or wetlands		
Multiple sources of OHM		
Multiple media affected (GW & surface water, soil & air)		
Regulatory Requirements		
Remediation Waste Issues [310 CMR 40.0030]		
Failure to remove remediation waste w/in 120 days		
Failure to properly implement BOL process		
Preliminary Response Actions		
Immediate Response Actions [310 CMR 40.0411]		
Failure to notify of new release or new condition		
Current IRA condition not addressed		
Missed deadlines (Forms/Reports)		
Failure to comply with IRA Approval/Plan/Conditions		
Failure to perform Imminent Hazard Evaluation (40.0426)		
Failure to notify of field activities		
Assessment & Receptor Issues		
Risk Characterization [310 CMR 40.0900]		
Soil/groundwater category omitted or misidentified		
Missed receptors (private wells, wetlands, etc.)		
Inadequate soil/groundwater sampling		
Extent of contamination not defined		
COC/OHM not analyzed for and/or evaluated		
Potential migration pathway not evaluated		
Potential Source not identified or assessed		
Site Summary/Release History/Inspection Highlights/Comments:		

MassDEP Inspector/Signature: _____ Date: _____