



**MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**Southeast Regional Office/Bureau of Waste Site Cleanup**  
**REMEDIAL SYSTEM FIELD SCREENING FORM**

RTN: \_\_\_\_\_  
 Town: \_\_\_\_\_

Site Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I. Type System(s)**

System(s) Specified in Plans		System Actually in Operation	
<input type="checkbox"/> NAPL/DNAPL Recovery	<input type="checkbox"/> Dual Phase Extraction	<input type="checkbox"/> NAPL/DNAPL Recovery	<input type="checkbox"/> Dual Phase Extraction
<input type="checkbox"/> GW Pump/Treat with:	<input type="checkbox"/> Sparging with:	<input type="checkbox"/> GW Pump/Treat with:	<input type="checkbox"/> Sparging with:
<input type="checkbox"/> liquid phase carbon	<input type="checkbox"/> air	<input type="checkbox"/> liquid phase carbon	<input type="checkbox"/> air
<input type="checkbox"/> air stripping	<input type="checkbox"/> ozone	<input type="checkbox"/> air stripping	<input type="checkbox"/> ozone
<input type="checkbox"/> bioreactor	<input type="checkbox"/> nitrogen	<input type="checkbox"/> bioreactor	<input type="checkbox"/> nitrogen
<input type="checkbox"/> ozonation	<input type="checkbox"/> methane	<input type="checkbox"/> ozonation	<input type="checkbox"/> methane
<input type="checkbox"/> ion exchange	<input type="checkbox"/> thermal (heat)	<input type="checkbox"/> ion exchange	<input type="checkbox"/> thermal (heat)
<input type="checkbox"/> oil/water separator	<input type="checkbox"/> Bioremediation	<input type="checkbox"/> oil/water separator	<input type="checkbox"/> Bioremediation
<input type="checkbox"/> Soil Venting with:	<input type="checkbox"/> aerobic	<input type="checkbox"/> Soil Venting with:	<input type="checkbox"/> aerobic
<input type="checkbox"/> vapor phase carbon	<input type="checkbox"/> anaerobic	<input type="checkbox"/> vapor phase carbon	<input type="checkbox"/> anaerobic
<input type="checkbox"/> catalytic oxidation	<input type="checkbox"/> intrinsic	<input type="checkbox"/> catalytic oxidation	<input type="checkbox"/> intrinsic
<input type="checkbox"/> thermal oxidation		<input type="checkbox"/> thermal oxidation	

Other: \_\_\_\_\_ Other: \_\_\_\_\_

**II. Operation and Maintenance of Treatment Works 310 CMR 40.0041(6)**

System in Operation?  YES  NO  
 System Operating as designed and at proposed recovery levels?  YES  NO  
 Frequency of system inspections: Monthly  
 Comments: \_\_\_\_\_

Logbook in a secure building on-site?  YES  NO  
 Logbook info current?  YES  NO

Date last Inspection:	<u>Current Inspection</u>
Date Current Inspection:	Flow Rate (gpm or cfm):
Duration system operated since last inspection:	Totalizer Reading (pump + treat):
<u>Last Inspection</u>	NAPL/DNAPL Recovery Tank Guaging:
Flow Rate (gallons per minute (gpm) or cubic feet per minute (cfm):	# of Gallons treated since last inspection:
Totalizer Reading (pump + treat):	# of gallons treated = to estimated flow rate x time since last inspection <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NAPL Recovery Tank Guaging:	# of gallons of NAPL recovered to date:
	# of gallons of NAPL recovered since last inspection:

Comments: \_\_\_\_\_

**III. Treatment System Information**

**Groundwater Treatment**

Screen/Sample Method and Specified Frequency:

	Influent	Effluent
Last Round Screen/Sampled		
Field Headspace /Sample		

Effluent/Discharge: (check all that apply)  Sanitary Sewer/POTW  Surface water (including storm drains)  
 Upgradient groundwater re-infiltration  Downgradient groundwater re-infiltration  Drinking water supply  
 Other: \_\_\_\_\_

Mode(s) of operation:  Continuous  Intermittent  Other: \_\_\_\_\_

Is effluent being discharged in accordance with 310 CMR 40.0040?  Yes  No

Comments: \_\_\_\_\_

**Air (Off-gas) Treatment**

Screen/Sample Method and Specified Frequency: Monthly

	Influent	Effluent
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Last Round Screen/Sampled

Field Headspace /Sample

Control devices achieving a minimum of 95% reduction (pursuant to 310 CMR 40.0049) ?  YES  NO

Effluent/Discharge - Vapor phase discharge to ambient air:  Off-gas controls  No off-gas controls

Mode(s) of operation:  Continuous  Intermittent  Pulsed  Other:

Comments:

**IV. Prevention of Unlawful Discharges: 310 CMR 40.0041(7) Not Applicable - See Addendum**

Component	Applicable	Present	Not Present, Not Working or Not Done
Overflow/High Water Shut-off Switch			
Pressure Shut-off Switch			
Data Collection Devices (flow meters, etc.)			
Process & Instrumentation Diagram			
System Secured			
Procedures &/or equipment in place for identifying system malfunction and for communicating malfunction to operator (ex. remote checks, autodialer)			
Posting Name & Tel. # of contact in case of system malfunction			
Wastewater Treatment Plant Operator Inspections at regular intervals			
Precautions taken to prevent damage to system by freezing, heat, vehicles, and vandals			

**VIOLATION(S) OBSERVED:**  No  Yes  Possible

If yes, list violation(s):

**Additional Comments:**

**Completed by:**