

REMEDIAL SYSTEM INFORMATION SHEET (RSIS)

Site Name/Location: _____ RTN: _____

Inspector Name: _____ Date: _____

SYSTEM INFORMATION

Indicate all that apply: <input type="checkbox"/> GW Recovery/Treatment <input type="checkbox"/> NAPL Recovery <input type="checkbox"/> Oil/H2O Separator <input type="checkbox"/> Liq. Ph. GAC	
<input type="checkbox"/> Air Strip <input type="checkbox"/> GW Discharge <input type="checkbox"/> Remedial Additives <input type="checkbox"/> Air/Oxy Sparge <input type="checkbox"/> SVE <input type="checkbox"/> CATOX <input type="checkbox"/> Vap. Ph. GAC	
System operating: <input type="checkbox"/> YES <input type="checkbox"/> NO	System operating as designed and at proposed levels: <input type="checkbox"/> YES <input type="checkbox"/> NO

O&M INSTRUMENTATION AND DOCUMENTATION *

System Specifics	Applicable	Present & Working	Comment if not present, not working, or not done.
Logbook present, information current			Last Inspection:
Overflow/high water shut-off switch			
Pressure shut-off switch			
Data collection devices (flow meter, etc.)			
Process & Instrumentation Diagram			
System secured			
Posting the name & telephone number of contact in case of system malfunction			
Wastewater Treatment Plant Operator inspections at regular intervals			
Precautions taken to prevent damage by freezing, heat, vehicles & vandals			

* Possible violations of 310 CMR 40.0041 if not present & working for remedial wastewater generation.

OPERATION INFORMATION ([month year] to [month year])

Groundwater Treatment			
OHM Concentrations (µg/L)	Influent:	Mid-point:	Effluent:
System flow rates (gpm)	Design:	Observed:	Average:
Total volume NAPL recovered (gal):		Total volume water recovered: amount gals.	
Discharge meets permit limits? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Recent downtime? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe below)	
Remedial Additives: Are downgradient monitoring wells present and in satisfactory condition: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Sparge System Flow Rate: units		SVE System Flow Rate: units	
Gauges observed at inspection:	Readings:	Notes:	
1.	1. units		
2.	2. units		
3.	3. units		
Air (Off-Gas) Treatment	Influent	Mid-Point	Effluent
From file review (ppmv): [date]			
Field PID reading (ppmv):			
Stripper influent pressure: units		Recent downtime? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe below)	
Off-gas treatment devices achieving 95% reduction? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Percent reduction if < 95%:			

Inspection Summary/Highlights:
