



BWSC/NERO

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Waste Site Cleanup

REMEDIAL SYSTEM INSPECTION FORM

RELEASE TRACKING NUMBER

[Empty box for Release Tracking Number]

DATE OF INSPECTION

[Empty box for Date of Inspection]

A. GENERAL INFORMATION

Form section A containing fields for Town, Address, Related RTN(s), PRP/Person Conducting Work, Attn, LSP, Contact person, Phone, DEP Staff Conducting Inspection, and MCP action under which remediation conducted.

B. TYPE OF REMEDIAL SYSTEM

Form section B containing fields for Recovery/treatment system (check all that apply), Effluent/Discharge (check all that apply), Mode(s) of Operation, SENSITIVE RECEPTORS, and MORE THAN ONE SYSTEM SITE?

C. EFFLUENT/DISCHARGE REGULATION - Indicate how the effluent/discharge limits were established

Form section C containing fields for NPDES EXCLUSION OR PERMIT, MCP PERFORMANCE STANDARD, DEP APPROVAL LETTER, OTHER, Date of Exclusion/Permit, MCP citation(s), Date of Approval Letter(s), and Explanation.

D. INSPECTION OF RELEASE PREVENTION SYSTEMS [310 CMR 40.0041]

N/A []

Table with 5 columns: Release Prevention Elements [40.0041(7)], Applicable, Present, Not Present, Not Working. Rows include items like Automatic high water/product shut-off switch(es), Automatic pressure shut-off switch, Data Collection Devices, etc.

Form section D containing fields for Log Book [40.0041(6)(d)], Log Book in secure building on-site?, Log Book information current?, Waste Water Treatment Plant Operator [40.0041(9)], Name, Grade, License No., and Not Applicable/Not Required.

E. INSPECTION OF REMEDIAL SYSTEMS (check/fill in all that is applicable)							
Were all systems functional during time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No:							
NAPL	<input type="checkbox"/> Gasoline <input type="checkbox"/> #2/Diesel <input type="checkbox"/> #6 Fuel <input type="checkbox"/> Other(s): _____					Holding/Storage Tank Capacity: _____	
	<input type="checkbox"/> Plate Separator <input type="checkbox"/> Drum (capacity) _____					Passive Recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
GW P&T	No. POINTS	MEASUREMENT POINT	FLOWRATE (UNITS)	PRESSURE (UNITS)	VACUUM (UNITS)	GRANULAR ACTIVATED CARBON TREATMENT	
							VAPOR PHASE GAC Air Strip
						Pounds/Unit	
						#Units in Series	
MPE						Total Units	
						Last Changed	
SVE						CATALYTIC OXIDATION TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
						SYSTEM RECOVERY TOTALS	
Sparging						NAPL Recovered, gal	
						GW Recovered, gal	
						Sludge/Solids, Pounds	
						Spent Carbon, Pounds	
						Other: _____	

F. INFLUENT/EFFLUENT/DISCHARGE CONCENTRATIONS (Check if split sample taken for lab analysis)								
MEDIA	CONTAMINANT AND/OR MEASUREMENT PARAMETER	TESTING METHOD ¹	CONCENTRATION			PERMISS DISCHARGE CONC. ²	CONC. UNITS ³	WITHIN PERMIT LIMITS? (Y/N)
			INFLUENT	MID	DISCHARGE			
PID Screening <input type="checkbox"/> N/A	Instrument:		Lamp		eV	Calibrated to Benzene Response? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Calibration Check Information	Date:	Time:	Staff:	Calibration Gas:			
		Test Gas Concentration, ppmv:				PID Reading, ppmv:		
NOTES: 1 Indicate EPA Method or Screening Technique or PID/FID Screening 2 Indicate concentration permitted in discharge permit, MCP, and/or DEP approval letter, as appropriate. For point source air emissions, default MCP requirement is 95% removal between influent and effluent, or removal to background 3 Indicate mg/L or µg/L for water; and either mg/m ³ or µg/m ³ , or ppmv or ppbv for air/vapor measurements								

G. VIOLATION(S) OBSERVED: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Possible
If yes, list violation(s):
<input type="checkbox"/> Check here if additional information/data/maps/sketches are attached to this form