

**Instructions - Technical Information Form**

The Technical Information Form has been designed to consolidate basic existing and additional, easily obtainable information regarding reimbursement claim sites and is not intended to prompt additional or expanded site investigation or remediation of the Site. This information is important to support your claim for reimbursement.

The completion of this form is required in a Reimbursement Application and all subsequent Supplemental Applications in order for them to be considered administratively complete and enter the review process. Be as thorough as possible. Use additional sheets where requested and otherwise necessary. References to existing reports do not constitute complete answers to the questions below, but may be provided as supporting information. Photocopies of existing text may be attached in support of specific questions. This Form must be updated with each Supplemental Application.

Please refer to the instruction page before and during the completion of this form. The instructions provide important information and additional guidance in preparing this Form.

If a question appears not applicable to the site, please provide a specific explanation.

NA = Not Analyzed

**Site Location and History**

1. Provide the Claimant's Name
  - 1a. Provide the LUST # assigned to the site by the RIDEM.
2. Provide the Site Address
  - A) Provide site Latitude. (Degrees to seven decimals)
  - B) Provide site Longitude. (Degrees to seven decimals)
3. Provide the City or Town in which the Site is located.
4. Provide the Dates on which **ALL** known releases were first detected. (i.e. date of failed integrity test, UST removal, etc.)
5. Provide the cause or suspected cause of the release(s). (ie. age of steel tanks, piping, pumps, puncture, faulty installation, etc.)
6. On a separate sheet, provide a **DETAILED** timeline of significant events. These events should include, but not be limited to, UST failure determination(s), UST removals, Site Investigations, NAPL discovery, DEM violations issued (Orders, NOV's, Consent Agreements, etc.), CAP, system installation/activation/deactivation/removal, significant remedial goals achieved, include **all RIDEM approvals**,. etc.

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**Ground Water Monitoring Information**

- 6a. Provide the beginning and ending (if applicable) dates for each type of ground water monitoring. Provide the average frequency of the monitoring in the space provided.

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**Ground Water Information**

7. Provide the appropriate Ground water classification for the area in which the Site is located
8. Is the entire ground water plume delineated? If not, provide an explanation.
  - A) Provide the square footage of the ground water plume that exceeded applicable regulations and/or standards (areal extent) at the time of the Site Investigation.
  - B) Provide the square footage of the ground water plume that exceeds applicable regulations and/or standards (areal extent) presently.
9. Provide the average depth to ground water throughout all wells through all seasons.
10. Provide the average seasonal fluctuation of ground water.
11. Provide the average Hydraulic Conductivity (K) for the site. Indicate whether this value is actual (measured) or estimated based on published data or experience with similar subsurface geology.

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12. Provide the ground water Seepage Velocity and indicate whether the variables used are actual site values or have been estimated as above.
  13. Calculate the hydraulic gradient across the site. (ie. Change in relative ground water elevation (ft.) divided by the horizontal distance (ft.)).
  14. Provide the Maximum concentration detected in any well during any monitoring event for each compound listed. Also provide the date for each.
  15. Provide the Maximum concentration of each compound listed in any well during the most recent ground water monitoring event.
    - A) Provide the date of the current ground water data.
  16. List any other contaminants in ground water that exceed applicable regulations and/or standards.
    - A) **You MUST attach the most recent ground water monitoring report available. Include a Site Plan indicating the ground water flow direction and a complete table of historical ground water elevations and concentrations detected. If a ground water monitoring report is not attached, provide an explanation including the estimated date of the next report, if any.**
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### Soil Information

17. Provide the average depth to bedrock across the site and/or a depth range. (e.g. 6 – 15 ft. bgs)
  18. Describe the soil type(s) on site encountered during excavation, drilling, etc.
  19. Provide all dates on which contaminated soil was excavated for off-site disposal.
  20. Provide the tonnage of soil that was excavated for off-site disposal.
  21. Provide the Maximum concentration detected in any soil sample for each compound listed. Also provide the date of each.
  22. Provide the Maximum concentration of each compound listed for the most recent soil investigation and/or following excavation. These results should represent soil that has not been removed for off-site disposal. Provide the date for the current soil data..
  23. List any other contaminants in soil that exceed applicable regulations and/or standards.
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### Remediation System Information

24. Briefly explain the remedial technology **in use and/or proposed** for the site and complete the table provided with the dates of operation of all remediation systems used at the site. Provide the dates of activation, deactivation, and removal for each system. If necessary, provide additional information on a separate sheet. (i.e. multiple remediation systems treating the same release, etc.)
  25. Provide the operation and maintenance frequency for each technology used on site (eg. SVE - monthly, pump and treat – twice monthly, dual-phase extraction – weekly, etc.)
  26. Estimate the pounds of Hydrocarbon removed by **all** remedial systems as vapor.
  27. Provide the volume of non-aqueous phase liquid (NAPL) removed from soil and ground water by pump and treat, enhanced fluid recovery, dual-phase extraction, vacuum truck, etc. Include recovery from excavations during UST removal.
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28. Please **thoroughly describe** any sensitive receptors for vapors and/or ground water. Include any potable wells, basements, buildings, underground utilities, surface water bodies, etc. Include distance and direction to each receptor and whether the receptor has been impacted, impact to the receptor is imminent, or impact to the receptor is unlikely. Provide reasoning and describe the efforts performed to protect the sensitive receptors. If applicable indicate that a receptor survey has not been completed.
  29. Please thoroughly describe any unique aspects of this site or innovative practices employed that have positively impacted the remediation progress at this site and/or controlled costs.
  30. Please thoroughly describe any unique aspects of this site or problems encountered that have negatively impacted the remediation progress at this site and/or caused increased costs.
  31. Provide the name and Title of the person preparing this from. Provide the company for which this person works and the date of the forms completion.

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**Technical Information Form**

For Office Use Only  
**RFR#**

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The completion of this form is required in a Request for Reimbursement in order for the Request to be considered administratively complete and enter the review process. Be as thorough as possible. Use additional sheets where requested and as otherwise necessary. References to existing reports do not constitute complete answers to the questions below, but may be provided as supporting information. Photocopies of existing text may be attached in support of specific questions. This Form must be updated with each Supplemental Application.

Please refer to the instructions page before and during the completion of this form. The instructions provide important information and additional guidance in preparing this Form.

**Site Location and History**

1) Claimant: \_\_\_\_\_ 1a) RIDEM LUST # \_\_\_\_\_

2) Site Address: \_\_\_\_\_

    2a) Latitude \_\_\_\_\_

    2b) Longitude \_\_\_\_\_

3) Site City/Town: \_\_\_\_\_

4) Dates of All Known Releases: \_\_\_\_\_

5) Cause(s): \_\_\_\_\_

6) On a separate sheet, provide a **DETAILED** timeline of significant events. These events should include, but not be limited to, UST failure determination(s), UST removals, Site investigations (SIR), NAPL discovery, DEM violations issued (orders, NOVs, consent agreements, etc.), CAP, system installation/removal, activation/deactivation, significant remedial goals achieved, all DEM approvals, etc.

**Ground Water Monitoring Information**

6a) Monitoring information:			Frequency
Starting	Ending		
		GW Monitoring only	
		ORC (Dissolved Oxygen) monitoring	
		Other:	

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**Ground Water Information**

7) Ground water classification: \_\_\_\_\_

8) Is the entire GW plume delineated? \_\_\_\_\_ If not, reason: \_\_\_\_\_

GW plume size exceeding Applicable GW Standards and Regulations:

8a) At completion of the Site Investigation \_\_\_\_\_ (sq/ft)

8b) Currently \_\_\_\_\_ (sq/ft)

9) Average depth to ground water : \_\_\_\_\_ (ft)

10) Average Seasonal fluctuation: \_\_\_\_\_ (ft)

11) Hydraulic Conductivity (K) \_\_\_\_\_ (ft/day)      \_\_\_\_\_ actual      or      \_\_\_\_\_ estimate

12) GW seepage velocity \_\_\_\_\_ (ft/day)      \_\_\_\_\_ actual      or      \_\_\_\_\_ estimate

13) Hydraulic gradient along plume: \_\_\_\_\_ (ft/ft)

14) Maximum Historic Concentration Detected in ground water with date(s):      NA = Not Analyzed

Benzene	_____ ug/l	Date	_____
Toluene	_____ ug/l	Date	_____
Ethylbenzene	_____ ug/l	Date	_____
Total Xylenes	_____ ug/l	Date	_____
MTBE	_____ ug/l	Date	_____
EDB	_____ ug/l	Date	_____
Total Lead	_____ ug/l	Date	_____
Naphthalene	_____ ug/l	Date	_____

15) Maximum Current Concentration Detected in ground water:      NA = Not Analyzed

Benzene	_____ ug/l	Date	_____
Toluene	_____ ug/l		
Ethylbenzene	_____ ug/l		
Total Xylenes	_____ ug/l		
MTBE	_____ ug/l		
EDB	_____ ug/l		
Total Lead	_____ ug/l		
Naphthalene	_____ ug/l		

16) Other contaminants present in ground water (please list):

\_\_\_\_\_

\_\_\_\_\_

**16 A) You MUST attach the most recent ground water monitoring report available. Include a Site Plan indicating the ground water flow direction and a complete table of historical ground water elevations and concentrations detected.**

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**Soil Information**

17) Depth to Bedrock: \_\_\_\_\_

18) Soil Description: \_\_\_\_\_

19) Date(s) of Soil Removal \_\_\_\_\_

20) Tons of soil removed: \_\_\_\_\_ tons

21) Maximum Historic Concentration Detected in soil: NA = Not Analyzed

Benzene	_____ mg/kg	Date _____
Toluene	_____ mg/kg	Date _____
Ethylbenzene	_____ mg/kg	Date _____
Total Xylenes	_____ mg/kg	Date _____
MTBE	_____ mg/kg	Date _____
EDB	_____ mg/kg	Date _____
Total Lead	_____ mg/kg	Date _____
Naphthalene	_____ mg/kg	Date _____

22) Maximum Current Concentration Detected in soil: NA = Not Analyzed

Benzene	_____ mg/kg	Date _____
Toluene	_____ mg/kg	
Ethylbenzene	_____ mg/kg	
Total Xylenes	_____ mg/kg	
MTBE	_____ mg/kg	
EDB	_____ mg/kg	
Total Lead	_____ mg/kg	
Naphthalene	_____ mg/kg	

23) Other contaminants present in soil (please list):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Remediation System Information:**

24) Describe the existing or proposed remedial system and indicate the appropriate dates below:

Start-up	Deactivation	Removed

Soil Vapor Extraction  
 Air sparge  
 Dual-phase Extraction  
 Pump and treat  
 Other:

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Remediation System Information (continued):

25) Current O&M frequency: \_\_\_\_\_

26) Estimated Pounds of Hydrocarbon (as vapor) removed: \_\_\_\_\_ lbs.

27) NAPL volume removed: \_\_\_\_\_ gallons

28) **Thoroughly describe** any actual or potential sensitive receptors for vapors and/or ground water. Use a separate sheet, if needed.

29) **Thoroughly describe** any unique aspects of this site or innovative practices employed that have positively impacted the remediation progress at this site and/or controlled costs. Use a separate sheet, if needed.

30) **Thoroughly describe** any unique aspects of this site or problems encountered that have negatively impacted the remediation progress at this site and/or caused increased costs. Use a separate sheet, if needed.

31) Form Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_