

## MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION

## Bureau of Waste Site Cleanup

## REMEDIAL SYSTEM AUDIT INSPECTION

RELEASE TRACKING NUMBER				
DATE	OF INSPECTION			

A. GENERAL INFORMATION								
Town:				MCP action under which remediation conducted:				
Address:				☐ IRA ☐ RAM ☐ Phase IV				
Related RTN(s):				☐ Phase V ☐ ROS ☐ Class C RAO				
PRP/Person conducting work:				Date of approval of written plan:				
Address:								
				Check if Remedial System(s) at site is addressing:				
LSP:				☐ An Imminent Hazard ☐ A Condition of Substantial Release Migration				
	Phone:			□ A Condition of Substantial Release Migration o Critical Exposure Pathway				
DEP Staff Conducting Inspection:	Thone.			o migration to public water supply				
DEF Staff Conducting Inspection:				a magnation to provide mater supply				
D TVDE(S) OF A CTIVE DEMEDIAL SVST	CENI(C)							
<b>B. TYPE(S) OF ACTIVE REMEDIAL SYST</b> Recovery/treatment systems (check all that apply				Effluent/Discharge (check all that apply)				
	stripping	- doorntie		☐ Sanitary Sewer/POTW				
	por-phase carbon ueous-phase carb			<ul><li>☐ Surface water (including storm drains)</li><li>☐ Upgradient groundwater re-infiltration</li></ul>				
	t/Thermal oxidati		Juon		roundwater re-infiltration			
	parging/biospargir			☐ Vapor phase discharge to ambient air				
□ N □ P □ Peroxide □ Other:				o off-gas controls o no off-gas controls				
□ ORC □ Other:				☐ Drinking water supply				
		1		☐ Other:				
Mode(s) of Operation: ☐ Continuous ☐ Intermittent ☐ Pulsed								
	N. T. Basta has	41	,4/3!	1 1!!4a a.	4.19.11			
	C. EFFLUENT/DISCHARGE REGULATION - Indicate how the effluent/d  ☐ NPDES EXCLUSION OR PERMIT ☐ MCP PERFORMANCE STANDARD ☐ DE			EP Approval Letter				
Date of Exclusion Permit: MCP citati		NDAKD		of Approval Letter(s)	Explanation:			
Date of Lacidston Li crimi.	on(s).		Date	n Approvai Leadi(5)	Бартапаноп.			
D. INSPECTION OF RELEASE PREVENTI	ON SYSTEMS	[310 CM	R 40.0	N41(7)]				
D. HOLDOHOL OF REDEADE THE VENT	On brotziiz	[SIO CI.]	14 10.0	) <b>-1</b> (//)				
Component	Applicable	Present		Not Present, Not Working Or Not I				
Overflow/high water shut-off switch								
Pressure shut-off switch					-			
Data Collection Devices (flow meters, 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 to system								
by freezing, heat, vehicles & vandals								

Comments [31	0 CMR 40.	.0041(7)]:									
E. INSPECTION OF REMEDIAL SYSTEMS (check/fill in all that is applicable)											
Were all systems functional during time of inspection?  \( \subseteq \text{Yes} \subseteq \text{No} \)											
Log Book in sec	cure buildir	ng on-site? ☐ Yes [	□No	Log Book in				es 🗆 No			
Is there a designated Wastewater Treatment Plant Operator (Required if Remedial Wastewater is treated & discharged for more than 30 days)? ☐ Yes ☐ No											
If yes – provide Name:		G	Grade: License No.			☐ Not applicable ☐ Not required					
F. STATUS O	F REMED	OIAL SYSTEM(S)	DURING IN	SPECTION	(check/fill i	n all that a	apply	y)			
	☐ FUNCTIO	ONAL		Unschedule	D SHUT DO	WNS	☐ PERMANENTLY SHUT DOWN				
> NAPL recove	ered (gals):		> date(s)	unscheduled	system(s) sh	utdown:	> date final shut down:				
> gw recovered (gals):							☐ no further effluent discharges				
> gw discharged (gals) :			> reason	> reason for shut down(s):				no further application of			
> avg soil gas recovery rate (scfm):							Remedial Additives planned; sufficient monitoring completed				
> avg sparging rate (scfm):							to demonstrate compliance with				
> Remedial Additives								310 CMR 40.0046 ☐ other:			
								a oner.			
date(s) applied: quantity applied(gal/lbs):											
qualitity appli	ed(gai/ibs).										
G. INFLUENT	r/efflue	NT/DISCHARGE	CONCENT	RATIONS							
POINT OF	Media	CONTAMINANT	TESTING	TESTING CONCENTRATION <sup>3</sup> PERMISS CONC					WITHIN		
MEASUREMENT		AND/OR MEASUREMENT PARAMETER	METHOD <sup>2</sup>	INFLUENT MID DISCHA		RGE	DISCHARGE CONC <sup>4</sup>	UNITS <sup>5</sup>	PERMISS LIMITS? (Y/N)		
☐ Monitoring conducted by (PID/FID) Screening: o Vapors o Aqueous Headspace o Soil Headspace o Other:  Screening Instrumentation: o PID with 10.0 +/- eV lamp calibrated to isobutylene standard o FID o Other  Instrumentation Calibration Check: Date: Time: Test gas ppmV: Instrument Reading ppmV:											
NOTES: 1 For application of Remedial Additives, indicate data for relevant monitoring wells											
2 Indicate EPA Method or Screening Technique or PID/FID Screening 3. For Remedial Additives, discharge concentration are levels at "point of compliance" (i.e., within 50' from application)											
3 For Remedial Additives, discharge concentration are levels at "point of compliance" (i.e., within 50' from application) 4 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											
5 Indicate mg/L or μg/L for water; and either mg/m <sup>3</sup> or μg/m <sup>3</sup> , or ppmv or ppbv for air/vapor measurements											

II OBERATIONAL BRODI EMERIOTES
H. OPERATIONAL PROBLEMS/NOTES
☐ Check here if additional information/data/maps/sketches are attached to this form
VIOLATION(S) OBSERVED: No Yes Possible
If yes, list violation(s):
if yes, list violation(s).
Recommended for Comprehensive Audit?:
Additional Comments:
Additional Comments: