



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
 PETROLEUM STORAGE TANK  
 CORRESPONDENCE IDENTIFICATION SHEET

Date:  
 Site Name:  
 Site Address:

LPST ID No.:  
 Facility ID No.:

This checklist must accompany all correspondence submitted to the RPR Program and should be affixed to the front of your submittal as a cover page. Please check the appropriate box for the type of correspondence which you have submitted to the RPR Program. Check all boxes that apply if you are submitting more than one type of correspondence. If you cannot find an appropriate category, please complete the "other" section.

<b>PROPOSALS</b>	
<input type="checkbox"/> Initial Abatement (1)	<input type="checkbox"/> Tank Removal (2)
<input type="checkbox"/> Excavation (3)	<input type="checkbox"/> Waste Treatment (4)
<input type="checkbox"/> Site Assessment (5)	<input type="checkbox"/> Aquifer Testing (6)
<input type="checkbox"/> VES/Sparge Testing (7)	<input type="checkbox"/> Quarterly Groundwater Monitoring (8)
<input type="checkbox"/> CAP Preparation (9)	<input type="checkbox"/> Groundwater Extraction/Treatment (10)
<input type="checkbox"/> Soil Vapor Extraction (11)	<input type="checkbox"/> Operation and Maintenance (12)
<input type="checkbox"/> Site Closure (13)	<input type="checkbox"/> Plan A Risk Assessment (Report only) (14)
<input type="checkbox"/> Plan B Risk Assessment (15)	<input type="checkbox"/> Semi-Annual Groundwater Monitoring (16)
<input type="checkbox"/> Annual Groundwater Monitoring (18)	<input type="checkbox"/> Product Recovery (19)
<input type="checkbox"/> Other Proposal:	
<b>FORMS</b>	
<input type="checkbox"/> Release Report Form (TCEQ-0621)	<input type="checkbox"/> Assessment Report Form (TCEQ-0562)
<input type="checkbox"/> Monitoring Event Summary & Status Rpt (TCEQ-0013)	<input type="checkbox"/> Product Recovery Report Form (TCEQ-0016)
<input type="checkbox"/> Site Closure Request Form (TCEQ-0028)	<input type="checkbox"/> Final Site Closure Report Form (TCEQ-0038)
<input type="checkbox"/> Other Form:	
<b>REPORTS</b>	
<input type="checkbox"/> Tank Closure/Removal	<input type="checkbox"/> Property Divestiture/Phase I ESA
<input type="checkbox"/> Plan A Risk Assessment	<input type="checkbox"/> Plan B Risk Assessment
<input type="checkbox"/> Groundwater Monitoring Report	<input type="checkbox"/> Aquifer/Pilot Test Results
<input type="checkbox"/> Corrective Action Plan (CAP)	<input type="checkbox"/> CAP Installation/Modification
<input type="checkbox"/> Operation, Monitoring, and Performance (O&M)	
<input type="checkbox"/> Other Report:	
<b>MISCELLANEOUS</b>	
<input type="checkbox"/> Off-site Access Assistance	<input type="checkbox"/> Deadline Extension Request
<input type="checkbox"/> Tank Tightness Test Results	<input type="checkbox"/> Request for State Lead
<input type="checkbox"/> Notice to Owner/Operator for CAS Services	<input type="checkbox"/> Petroleum-Substance Waste Manifest
<input type="checkbox"/> Tank Registration Form	
<input type="checkbox"/> Other:	

I attest that all work has been conducted in accordance with accepted industry standards/practices and adhered to TCEQ guidance and rules. I certify that I am aware that misrepresentation of any of the above claims is a violation of 30 TAC 334.453(b)(1)(E) and that this violation may result in the disciplinary actions set forth in 30 TAC 334.453 and/or 334.463 and 334.465.

If a proposal is attached for preapproval, has the proposed work, in part or in whole, already been performed or in progress?

Yes  No

If yes, what work?

**REGISTERED CORRECTIVE ACTION SPECIALIST (RCAS)**

RCAS:

Registration No.:

Expiration Date:

Telephone:

Fax No.:

Signature of RCAS (or Representative):

Date:

**CORRECTIVE ACTION PROJECT MANAGER (CAPM)**

CAPM:

Registration No.:

Expiration Date:

Telephone:

Fax No.:

Signature of CAPM:

Date:

**RESPONSIBLE PARTY (RP)**

By signature below, I certify that the documents checked on the previous page are included.

RP Contact:

Company:

Telephone:

Fax No.:

Signature of RP Contact (or representative):

Date: