



Texas Commission on Environmental Quality
Texas Risk Reduction Program

Post-Response Action Care Report

Purpose

The purpose of this form is to provide a standard format for submittal of the Post-Response Action Care Report (PRACR).

Objectives

Use of these instructions will provide information on the following questions:

- To whom does the PRACR form apply?
- When is the PRACR submitted?
- How is the PRACR submitted?
- How do I obtain more information?
- How do I complete the PRACR?

Regulatory Citation

30 TAC §350.96

Abbreviations and Acronyms

AMSL – above mean sea level

APAR – Affected Property Assessment Report

BMSL – below mean sea level

COC – chemical of concern

GPS – global positioning system

GW – groundwater

ID No. – Identification number assigned by the program area to the facility/site. Appropriate case/tracking numbers include Solid Waste Registration (SWR) ID Number, VCP ID Number, etc.

MC – mail code used by TCEQ for routing mail within the agency

NAPL – non-aqueous phase liquids

PCL – protective concentration level

PCLE – protective concentration level exceedance

PMZ – plume management zone

POE – point of exposure

PRACR – Post-Response Action Care Report

PRP – potential responsible party

RAP – Response Action Plan

RACR – Response Action Completion Report

STEERS – State of Texas Environmental Electronic Reporting System

SWR – solid waste registration

TAC – Texas Administrative Code

TCEQ – Texas Commission on Environmental Quality

VCP – Voluntary Cleanup Program

General Instructions

These instructions are important because the forms themselves do not contain all of the instructions. The PRACR cannot be adequately completed without carefully reading and following these instructions. At this point, an APAR has been submitted and a RAP has been approved and the response action has been carried out. Completion of the response action is documented with the RACR, at which time a conditional no further action letter may be received from the TCEQ for a Remedy Standard B response action.

To whom does the Post-Response Action Care Report form apply?

Persons who are conducting post-response action care under Remedy Standard B. A PRACR is not required for Remedy Standard A response actions if the response objectives are achieved.

When is the PRACR submitted?

Submit the PRACR to the TCEQ annually (§350.94(k)(6)) for 30 years following the approval of the RACR (§350.33(j)) or until a demonstration of no threat to human health and the environment is made (§350.33(i)). On a site-specific basis, the TCEQ may approve reporting on a frequency less than annual during the 30-year reporting period. The alternate reporting frequency may be proposed in the RAP.

How is the PRACR submitted?

Submit a copy of this form to both the applicable TCEQ program area in the Austin Central Office and to the appropriate TCEQ Region Office. The mailing address and phone number for each of the Regional Offices may be found at <http://www.tceq.state.tx.us/AC/about/directory/region/reglist.html>. The address for the Central Office is:

TCEQ
[specify program area], MC-
P.O. Box 13087
Austin, Texas 78711-3087

How do I obtain more information?

Information on the Texas Risk Reduction Program is available at <http://www.tnrcc.state.tx.us/permitting/trrp.htm>. You will have to use the rule and associated guidance to complete your response action and this form. Questions regarding your affected property should be addressed to the program area that is handling your case. Phone numbers for the TCEQ programs are listed below.

Voluntary Cleanup Section	512/239-5891	Corrective Action Section	512/239-2276
Superfund Cleanup Section	512/239-2486	Municipal Solid Waste Permits	512/239-6784
RPR Section	512/239-2200		

How do I complete the PRACR?

Complete a PRACR for each affected property. Carefully review these instructions and all instructions on the forms themselves. Failure to complete the report as indicated may result in refusal of your report or a notice of deficiencies. **Please note that except for expanding the narrative boxes with text, the**

form must not be modified in any way. Do not change the numbering or the order of submittal of the worksheets, attachments, and appendices even when portions are not included. When possible, please print the report on both sides of the pages. Be sure to always include appropriate units of measurement in your answers.

All data must be supported with references and documentation. Unsubstantiated information may be considered invalid.

If the facility/site is covered under a permit or order, any permit requirements that conflict with the information in this document supercede these instructions.

List of PRACR Contents

	Cover Page
	PRACR Executive Summary
	Checklist for Report Completeness
Worksheet 1.0	Monitoring Activities
Attachment 1A*	Monitoring Locations Map
Attachment 1B*	Groundwater Gradient Maps
Worksheet 2.0	Physical Control Inspection, Operation and Maintenance
Worksheet 3.0	COC Status
Attachment 3A*	Time Series Graphs
Attachment 3B*	Concentrations versus Distance Graph
Attachment 3C*	PCLE Zone Maps and Cross Sections
Attachment 3D*	Data Summary
Worksheet 4.0	Response Action Objectives
Appendix 1*	Analytical Data
Appendix 2*	Disposition of Derived Waste
Appendix 3*	Chronology

* These items are not included in the form and should be provided by the person.

Worksheets and Attachments

The following instructions are listed in order of the Worksheets and Attachments as shown on the List of PRACR Contents. All pages should include the regulatory ID number assigned to the on-site property.

Cover Page – Specify the regulatory ID number assigned by the program area to the on-site property. Appropriate ID numbers include Solid Waste Registration (SWR) ID Number, VCP ID Number, etc. Indicate the TCEQ Region in which the affected property is located. The list of region numbers is located at the end of the instructions.

Check the appropriate box to indicate the specific TCEQ program to which the report is submitted. The TCEQ mailing address should include the appropriate TCEQ program name and the corresponding mail code (MC). If the report is being submitted to more than one program area, mail the reports separately and address one copy to each program with that program indicated on the cover page.

On-Site Property Information - Indicate the address of the on-site property. Note that the physical address is not a P.O. Box or a rural route. Include the following information for the on-site property. (example: 814 North 35th Street West)

- street number (example: **814**) Leave blank if none.
- street predirectional - compass direction of the street address that occurs before the street name (example: **North**). Leave blank if none.
- street name (example: **35th**) Leave blank if none.

- street type (example: **Street**) Leave blank if none.
- street postdirectional - compass direction of the street address that occurs after the street name (example: **West**). Leave blank if none.
- city
- county
- county code (see list at end of instructions)
- zip code

Specify the nearest street intersection or location description. For example, a location description may be: “On FM 1055, 1 mile south of the intersection of FM 1055 and US Highway 57” or “On Main Street at the intersection of Main Street and Broad Street.”

Specify the latitude and longitude near the center of the on-site property, either in terms of degrees, minutes, seconds or decimal degrees. Indicate the units used. Please refer to the definition of on-site property in §350.4(a)(1). Horizontal positions collected using certified GPS units or by interpretation from 1-meter Digital Orthophoto Quarter Quads (DOQQs) must maintain a minimum level of accuracy to within 25 meters. Use of GPS equipment is strongly encouraged in the acquisition of coordinates for all locations tracked by the TCEQ. Refer to the TCEQ document Attribute Standards for TCEQ Geographic Locational Data and the TCEQ policies 8.11 and 8.12, available on the agency’s web page at <http://www.tnrcc.state.tx.us/gis/gisply.html>.

Off-Site Affected Property Information - Include the address information as specified above for the affected off-site property if there is one. If there is more than one affected off-site property, attach additional pages to list the same information for all affected off-site properties.

Contact Person for On-Site Property Information and Acknowledgement - Provide information on the identity and address of the person undertaking the response action (not the consultant). Please refer to the definition of “person” in 30 TAC §350.4. The person should review the acknowledgement carefully and must sign and date this form. The consultant is not allowed to sign this form.

PRACR Executive Summary - Use this section to summarize the major points of the report.

Checklist for Report Completeness - Identify the worksheets, attachment, and appendices submitted by checking the appropriate boxes. Please note that the form is designed to address several different situations. Therefore, not all portions of this form may be applicable.

Worksheet 1.0 Monitoring Activities - Describe the monitoring conducted for each affected media to assess the on-going effectiveness of the response action. Illustrate sampling locations in Attachment 1A, related groundwater gradient in Attachment 1B, and attach all analytical data obtained in Appendix 1. If waste is derived from the monitoring process, provide disposition documentation in Appendix 2 if not previously submitted.

Attachment 1A Monitoring Locations Map –Attach a large-scale map that illustrates all aspects of the affected property. Indicate the affected property boundaries as defined by the assessment levels. Identify all monitoring locations. Include legal property boundaries, buildings and other structures, adjacent roads, all potential source areas and known release areas, type of surface cover, subsurface utilities, surface drainage, surface water bodies, boring and monitor well locations, cross-section lines, water supply wells, and any other potential receptors. Required legend information: north arrow, fractional and bar scales, map source and identification of all symbols used on the map. A map prepared for a prior report may be used provided it is still reflective of current conditions.

Attachment 1B Groundwater Gradient Maps and Groundwater Measurements Tables – If monitor wells have been installed or groundwater-level measurements collected by another means, provide

groundwater gradient maps illustrating the groundwater gradient over time. Draw maps to scale, illustrating the locations of each monitor well, groundwater surface elevations in feet AMSL or BMSL, labeled groundwater elevation contours, and groundwater flow direction. Required legend information: north arrow, fractional bar scales, and identification of all symbols used on the map.

Include in this attachment a summary table of all monitor well and water well gauging data. The table should include: depth to groundwater, NAPL thickness, groundwater elevation in relation to MSL, top of casing and/or ground surface elevations (specify measuring point), corrected water level and well screen interval. The table should be organized with all results for each monitor well or water well listed in date order (oldest first). If measurable LNAPL is present, provide the specific gravity of the LNAPL and the equation used to calculate the corrected groundwater elevation. See *NAPL Evaluation and Recovery* (RG-366/TRRP-32) for information on NAPL management requirements.

Worksheet 2.0 Physical Control Inspection, Operations and Maintenance - Provide a summary of response action care activities related to the inspection, operation, and maintenance of physical controls during this reporting period. Specifically note differences from the plan documented in the approved RAP and the justification for the variances. Discuss the effectiveness of the physical control as observed during the post-response action care period. See *Compliance Sampling and Monitoring* (RG-366/TRRP-30).

Worksheet 3.0 COC Status - Completion of this worksheet is required only when environmental monitoring was performed. See *Compliance Sampling and Monitoring* (RG-366/TRRP-30). Discuss COC concentration changes over time for each media and discuss the effectiveness of the response action(s) for each affected media as observed during the post-response action care period. Note if NAPL is present at the affected property.

Attachment 3A Time Series Graphs - Construct graphs showing time versus COC concentration exceeding critical PCLs in each affected media for monitoring points representative of the affected property from the initial sampling event to this reporting. See *Compliance Sampling and Monitoring* (RG-366/TRRP-30).

Attachment 3B Concentration versus Distance Graph - Construct graphs showing the COC concentration exceeding critical PCLs in each affected media, as a function of distance from the source using monitoring points established along the axis of the PCLE zone.

Attachment 3C PCLE Zone Maps and Cross Sections - If monitoring of groundwater concentrations has been conducted during the post-response action care period, attach maps and cross sections to illustrate the current PCLE zones at the affected property through time.

Include large-scale maps that illustrate the PCLE zones as defined by the critical PCLs. Include legal property boundaries, buildings and other structures, adjacent roads, all potential source areas and known release areas, type of surface cover, subsurface utilities, surface drainage, surface water bodies, boring and monitor well locations, groundwater flow direction, water supply wells, any other potential receptors, and any approved plume management zone. Required legend information: north arrow, fractional and bar scales, map source and identification of all symbols used on the map. The initial PCLE zone map in the APAR can be used as a starting point for these maps.

Provide a minimum of two cross-sections perpendicular to each other through the source area and affected property. For sites with monitor wells, construct one cross section approximately parallel to the groundwater flow direction and one approximately perpendicular to flow direction. Illustrate site stratigraphy using the boring logs through the total depth of the borings/monitor wells or water well if

used in the cross section. Indicate all groundwater-bearing units, lithologies, designated surface and subsurface soils, areas exceeding the assessment level for each exposure pathway (including the location, depth, and extent of NAPL (refer to *NAPL Evaluation and Recovery* (RG-366/TRRP-32)), static groundwater level, monitor well screened intervals, aquitards, migration pathways, subsurface conduits and the compass directions of the cross sections. Required legend items: horizontal and vertical scales and identification of all symbols used in the cross section. Indicate the cross section lines on the map in Attachment 1A. Additional cross sections may be submitted as needed to effectively portray changes in subsurface conditions from the previous submittal, such as elevation or thickness of NAPL relative to the water table.

Attachment 3D Data Summary– Provide summary tables of all media sample screening and analytical results. Include the following: chemical of concern, the critical PCL for each COC, method quantitation limit, sample ID no., sample date, sample depth, and concentration in mg/kg or mg/L. Highlight the individual results that exceed the critical PCL. If the result was not quantifiable, specify that the concentration was less than the SQL for that sample (e.g., <0.01 mg/kg). Results of field screening of soil samples should be specified in a separate table in this attachment.

Worksheet 4.0 Response Action Objectives –Use this worksheet to document the status of the response action objectives, and if appropriate, to document that the post-response action period be discontinued. See *Compliance Sampling and Monitoring* (RG-366/TRRP-30).

Appendix 1 Analytical Data –If new analytical data were collected during this reporting period, then include that information in Attachment 1. The data package should conform to TCEQ guidance document *Review and Reporting of COC Concentration Data* (RG-366/TRRP-13).

Appendix 2 Disposition of Derived Waste – Use this appendix if waste characterization and disposition information has not previously been provided or reported through the State of Texas Environmental Electronic Reporting System (STEERS). If previously provided in STEERS, make a statement in this Appendix that it has been previously reported. As appropriate, provide copies of manifests, waste receipts, or other information necessary to document response action derived waste disposition or recycling. Provide copies of waste characterization sample analytical reports, chain-of-custody, and quality assurance/quality control documentation. The use of this Appendix cannot be used to circumvent the use of STEERS.

Appendix 3 Chronology – Use this appendix to provide a cumulative chronology of activities. Note in time sequence from the date of the RACR approval each significant response action activities or unexpected occurrences. For each event provide the date, location and a concise description of activities, events, findings or observations of note. Update the chronology for each reporting period.

COUNTY CODES AND TCEQ REGION NUMBERS

County	County Code	Reg No.	County	Code	Reg No.	County	Code	Reg No.	County	Code	Reg No.	County	Code	Reg No.	County	Code	Reg No.
Anderson	1	5	Comal	46	13	Grayson	91	4	Kinney	136	16	Orange	181	10	Tom Green	226	8
Andrews	2	7	Comanche	47	3	Gregg	92	5	Kleberg	137	14	Palo Pinto	182	4	Travis	227	11
Angelina	3	10	Concho	48	8	Grimes	93	9	Knox	138	3	Panola	183	5	Trinity	228	10
Aransas	4	14	Cooke	49	4	Guadalupe	94	13	Lamar	139	5	Parker	184	4	Tyler	229	10
Archer	5	3	Coryell	50	9	Hale	95	2	Lamb	140	2	Parmer	185	1	Upshur	230	5
Armstrong	6	1	Cottle	51	3	Hall	96	1	Lampasas	141	9	Pecos	186	7	Upton	231	7
Atascosa	7	13	Crane	52	7	Hamilton	97	9	La Salle	142	16	Polk	187	10	Uvalde	232	13
Austin	8	12	Crockett	53	8	Hansford	98	1	Lavaca	143	14	Potter	188	1	Val Verde	233	16
Bailey	9	2	Crosby	54	2	Hardeman	99	3	Lee	144	11	Presidio	189	6	Van Zandt	234	5
Bandera	10	13	Culberson	55	6	Hardin	100	10	Leon	145	9	Rains	190	5	Victoria	235	14
Bastrop	11	11	Dallam	56	1	Harris	101	12	Liberty	146	12	Randall	191	1	Walker	236	12
Baylor	12	3	Dallas	57	4	Harrison	102	5	Limestone	147	9	Reagan	192	8	Waller	237	12
Bee	13	14	Dawson	58	7	Hartley	103	1	Lipscomb	148	1	Real	193	13	Ward	238	7
Bell	14	9	Deaf Smith	59	1	Haskell	104	3	Live Oak	149	14	Red River	194	5	Washington	239	9
Bexar	15	13	Delta	60	5	Hays	105	11	Llano	150	11	Reeves	195	7	Webb	240	16
Blanco	16	11	Denton	61	4	Hemphill	106	1	Loving	151	7	Refugio	196	14	Wharton	241	12
Borden	17	7	DeWitt	62	14	Henderson	107	5	Lubbock	152	2	Roberts	197	1	Wheeler	242	1
Bosque	18	9	Dickens	63	2	Hidalgo	108	15	Lynn	153	2	Robertson	198	9	Wichita	243	3
Bowie	19	5	Dimmit	64	16	Hill	109	9	McCulloch	154	8	Rockwall	199	4	Wilbarger	244	3
Brazoria	20	12	Donley	65	1	Hockley	110	2	McLennan	155	9	Runnels	200	3	Willacy	245	15
Brazos	21	9	Duval	66	16	Hood	111	4	McMullen	156	16	Rusk	201	5	Williamson	246	11
Brewster	22	6	Eastland	67	3	Hopkins	112	5	Madison	157	9	Sabine	202	10	Wilson	247	13
Briscoe	23	1	Ector	68	7	Houston	113	10	Marion	158	5	San Augustine	203	10	Winkler	248	7
Brooks	24	15	Edwards	69	13	Howard	114	7	Martin	159	7	San Jacinto	204	10	Wise	249	4
Brown	25	3	Ellis	70	4	Hudspeth	115	6	Mason	160	8	San Patricio	205	14	Wood	250	5
Burleson	26	9	El Paso	71	6	Hunt	116	4	Matagorda	161	12	San Saba	206	9	Yoakum	251	2
Burnet	27	11	Erath	72	4	Hutchinson	117	1	Maverick	162	16	Schleicher	207	8	Young	252	3
Caldwell	28	11	Falls	73	9	Irion	118	8	Medina	163	13	Scurry	208	3	Zapata	253	16
Calhoun	29	14	Fannin	74	4	Jack	119	3	Menard	164	8	Shackelford	209	3	Zavala	254	16
Callahan	30	3	Fayette	75	11	Jackson	120	14	Midland	165	7	Shelby	210	10			
Cameron	31	15	Fisher	76	3	Jasper	121	10	Milam	166	9	Sherman	211	1			
Camp	32	5	Floyd	77	2	Jeff Davis	122	6	Mills	167	9	Smith	212	5			
Carson	33	1	Foard	78	3	Jefferson	123	10	Mitchell	168	3	Somervell	213	4			
Cass	34	5	Fort Bend	79	12	Jim Hogg	124	15	Montague	169	3	Starr	214	15			
Castro	35	1	Franklin	80	5	Jim Wells	125	14	Montgomery	170	12	Stephens	215	3			
Chambers	36	12	Freestone	81	9	Johnson	126	4	Moore	171	1	Sterling	216	8			
Cherokee	37	5	Frio	82	13	Jones	127	3	Morris	172	5	Stonewall	217	3			
Childress	38	1	Gaines	83	7	Karnes	128	13	Motley	173	2	Sutton	218	8			
Clay	39	3	Galveston	84	12	Kaufman	129	4	Nacogdoches	174	10	Swisher	219	1			
Cochran	40	2	Garza	85	2	Kendall	130	13	Navarro	175	4	Tarrant	220	4			
Coke	41	8	Gillespie	86	13	Kenedy	131	15	Newton	176	10	Taylor	221	3			
Coleman	42	3	Glasscock	87	7	Kent	132	3	Nolan	177	3	Terrell	222	7			
Collin	43	4	Goliad	88	14	Kerr	133	13	Nueces	178	14	Terry	223	2			
Collingsworth	44	1	Gonzales	89	14	Kimble	134	8	Ochiltree	179	1	Throckmorton	224	3			
Colorado	45	12	Gray	90	1	King	135	2	Oldham	180	1	Titus	225	5			

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY Post-Response Action Care Report (PRACR)

Cover Page

Submittal date: _____ Regulatory ID No.: _____ TCEQ Region No.: _____

TCEQ Program (check one)

<input type="checkbox"/>	Corrective Action (Mail Code 127)	<input type="checkbox"/>	Superfund PRP Lead (Mail Code 143)
<input type="checkbox"/>	Voluntary Cleanup Program (Mail Code 221)	<input type="checkbox"/>	Municipal Solid Waste Permits (Mail Code 124)
<input type="checkbox"/>	Petroleum Storage Tank Program (Mail Code 137)		

On-Site Property Information

On-Site Property Name: _____
Physical Address: _____
Street no. _____ Pre dir: _____ Street name _____ Street type: _____ Post dir: _____
City: _____ County: _____ County Code: _____ Zip: _____
Nearest street intersection or location description: _____
Latitude: Degrees, Minutes, Seconds OR Decimal Degrees (circle one) North _____
Longitude: Degrees, Minutes, Seconds OR Decimal Degrees (circle one) West _____

Off-Site Affected Property Information

Off-Site Affected Property Name: _____
Physical Address: _____
Street no. _____ Pre dir: _____ Street name: _____ Street type: _____ Post dir: _____
City: _____ County: _____ County Code: _____ Zip: _____
 Check if no off-site properties affected

Contact Person Information and Acknowledgement

Person (or company) Name: _____
Contact Person: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ E-mail address _____
Phone: _____ Fax: _____

By my signature below, I acknowledge the requirement of 30 TAC §350.2(a) that no person shall submit information to the executive director or to parties who are required to be provided information under this chapter which they know or reasonably should have known to be false or intentionally misleading, or fail to submit available information which is critical to the understanding of the matter at hand or to the basis of critical decisions which reasonably would have been influenced by that information. Violation of this rule may subject a person to the imposition of civil, criminal, or administrative penalties.

Signature of Person _____ Name, print: _____ Date: _____

PRACR Executive Summary	ID No:
	Report Date:

Affected Property Name/Number: _____

Date of RAP approval: _____

Date of RACR approval: _____

Length of approved PRAC period (default 30 yrs.): _____

Check if this is the final report

If this is the final report, provide documentation in Worksheet 4.0 that the applicable provisions of §350.33(i) have been met.

This reporting period: Start date: _____ End date: _____

On-site land use for basis of RACR approval Residential Commercial/industrial
 Current on-site land use classification: Residential Commercial/industrial

During this reporting period, have there been any unexpected events or new conditions at the affected property that required an additional response action? Yes No

If yes, provide a brief explanation:

If physical control inspection occurred during this reporting period, what is the status of the physical control?

Have any changes occurred in the person's status during this reporting period to warrant changes in the financial assurance for this affected property? (For example, a change in "small business" status as defined in §350.33(n)(2).) Yes No

If yes, describe the changes that occurred and the changes in financial assurance that have been or will be taken.

Checklist for Report Completeness

ID No. _____

Report Date: _____

Checklist for Report Completeness

Use this checklist to determine the portions of the form that must be submitted for this report. Answer all questions by checking Yes or No. If the answer is Yes include that portion of the report. If the answer is No, do not complete or submit that portion of the report. All form contents that are marked "Required" must be submitted. Form contents marked with an asterisk (*) are not included in the blank form and are to be provided by the person.

Report Contents

		Required	Cover Page	<input type="checkbox"/>
		Required	Executive Summary	<input type="checkbox"/>
		Required	Checklist for Report Completeness	<input type="checkbox"/>
No <input type="checkbox"/>	Has COC concentration monitoring been conducted?	<input type="checkbox"/> Yes	Worksheet 1.0 Monitoring Activities	<input type="checkbox"/>
			Attachment 1A* Monitoring Locations Map	<input type="checkbox"/>
No <input type="checkbox"/>	Have groundwater elevation measurements been taken?	<input type="checkbox"/> Yes	Attachment 1B* Groundwater Gradient Maps	<input type="checkbox"/>
No <input type="checkbox"/>	Is a physical control present?	<input type="checkbox"/> Yes	Worksheet 2.0 Physical Control Inspection, Operation, and Maintenance	<input type="checkbox"/>
No <input type="checkbox"/>	Is monitoring being performed?	<input type="checkbox"/> Yes	Worksheet 3.0 COC Status	<input type="checkbox"/>
			Attachment 3A* Time Series Graphs	<input type="checkbox"/>
			Attachment 3B* Concentration versus Distance Graphs	<input type="checkbox"/>
			Attachment 3C* PCLE Zone Maps and Cross Sections	<input type="checkbox"/>
			Attachment 3D* Data Summary	<input type="checkbox"/>
No <input type="checkbox"/>	Is this the final report? ¹	<input type="checkbox"/> Yes	Worksheet 4.0 Response Action Objectives	<input type="checkbox"/>
No <input type="checkbox"/>	Is monitoring being performed?	<input type="checkbox"/> Yes	Appendix 1* Analytical Data	<input type="checkbox"/>
			Appendix 2* Disposition of Derived Waste	<input type="checkbox"/>
		Required	Appendix 3* Chronology	<input type="checkbox"/>

¹ See §350.33(i) to see if conditions are met to justify termination of post-response action care.

Monitoring Activities Associated Information: Attachments 1A, 1B	PRACR Worksheet 1.0 Page ___ of ___	
	ID. No:	Report Date:

Were the post-response action care monitoring activities conducted during this reporting period the same as described in the approved RAP? Yes No

If no, describe the post-response action care environmental monitoring activities conducted during this reporting period.

Were the sampling procedures used during monitoring for this period the same as those documented in the approved RAP? Yes No

If no, explain the variations from the approved RAP and justify the variation.

Discuss any unexpected events or new conditions that developed on-site (and off-site if applicable) during this reporting period and the resulting responses or modifications made to the monitoring plan. Indicate the date the event or condition occurred, the date discovered, the date reported, the actions taken, and the dates of those actions. Include actions taken in the chronology in Appendix 3.

Discuss any other actions taken as part of the post-response action care monitoring activities during this reporting period that were beyond the actions specified in the RAP.

**Physical Control Inspection,
Operation, and Maintenance**

PRACR Worksheet 2.0 Page ___ of ___

ID No:

Report Date:

Complete this worksheet if a physical control is used as part of the response action.

Provide a detailed description of post-response action care activities during this reporting period related to the inspection, operation, and maintenance of physical controls during this reporting period. Specifically note any differences from the plan documented in the approved RAP and the justification for the variances.

Has the physical control proved to be effective in meeting the response objectives during this reporting period? ___ Yes ___ No

If yes, explain how it was determined that the physical control is effective. If no, explain the actions taken, or that will be taken, to ensure effectiveness of the physical control.

Discuss any unexpected events or new conditions that developed on-site (and off-site, if applicable) during this reporting period and the resulting responses or modifications made to the monitoring plan. Indicate the date the event or condition occurred, the date discovered, the actions taken, and the dates of those actions. Include this information in the chronology in Appendix 3.

If the physical control is a containment system (e.g., hydraulic containment), what percentage of the time was the system effectively operational?

COC Status Associated Information: Attachments 3A or 3B, 3C and 3D	PRACR Worksheet 3.0 Page ___ of ___	
	ID No:	Report Date:

Complete this worksheet when monitoring of environmental media was performed.

General Status

Has the groundwater gradient remained steady in both magnitude and direction during the reporting period? Yes No

If no, describe the changes in gradient and the effect on COC distribution and concentration, and provide a probable explanation of the cause of gradient shift.

Discuss the changes in COC concentrations and their distribution over time for each affected media during the reporting period.

Are COC concentrations increasing or PCLE zones expanding in an unauthorized manner beyond the initial PCLE zone boundary? Yes No

If yes, discuss how the response actions have addressed such an increase or discuss actions that will be taken to abate or mitigate. Include any abatement or mitigation actions in the chronology in Appendix 3.

Have the response actions proved effective in meeting the response objectives for each media? Yes No

Effectiveness must be related to the standard set in the RAP.

If no, discuss the actions taken or that will be taken to ensure effectiveness of the response actions.

NAPL

Was NAPL present during the reporting period? Yes No

If yes, was the NAPL observed prior to this reporting period? Yes No

If yes, was NAPL recovered during this reporting period? Yes No

If No, discuss the actions taken or that will be taken to address this issue. If NAPL recovery action is not warranted or required, provide an explanation. If NAPL presence was already known and NAPL management program was approved in the RAP and that plan is being followed, put "NA."

Is there any indication that the NAPL is spreading or causing a hazard or aesthetic concern? Yes No

If yes, discuss actions taken or planned to address the hazard or aesthetics concerns.

COC Status Associated Information: Attachments 3A or 3B, 3C and 3D	PRACR Worksheet 3.0 Page ___ of ___	
	ID No:	Report Date:

Plume Management Zone

Is there an approved PMZ at this affected property? Yes No (completion of this page is not required)

If yes, have COC concentrations exceeded the attenuation action levels in any sampling event this period? Yes No

If yes, discuss the actions taken or that will be taken to address this issue. Include all actions taken in the chronology in Appendix 3. If no action is warranted, provide an explanation.

If there is an approved PMZ, have COC concentrations at the groundwater POEs exceeded the critical PCL in any sampling event this period? Yes No

If yes, state the most likely cause, and discuss the actions taken or that will be taken to address this issue. Include all actions taken in the chronology in Appendix 3

Response Action Objectives	PRACR Worksheet 4.0 Page ___ of ___	
	ID No.:	Report Date:

Use this worksheet to document compliance with the response action objectives and compliance with §350.33(i) as basis for recommending termination of post-response action care.

Check the applicable rule provision for termination of post-response action care:

§350.33(i)(1) §350.33(i)(2) §350.33(i)(3) §350.33(i)(4)

§350.33(i)(1)

Are the COC concentrations in surface soil less than the critical surface soil PCL? ___ Yes ___ No

Are the concentrations of COCs in subsurface soil less than the critical subsurface soil PCL? ___ Yes ___ No

Are the concentrations of COCs in groundwater less than the critical groundwater PCL as documented with three consecutive years of groundwater monitoring? ___ Yes ___ No

If yes to all of the above, you may be able to discontinue post-response action care in compliance with §350.33(i)(1). Provide justification for discontinuing post-response action care.

§350.33(i)(2)

Does the post-response action care consist entirely of monitoring the effectiveness of a physical control? ___ Yes ___ No

If yes, has the physical control proven successful and secure? ___ Yes ___ No

If yes, to these questions, you may be able to discontinue post-response action care in compliance with §350.33(i)(2). Provide documentation that the physical control is permanent and does not require any inspections or maintenance.

§350.33(i)(3)

Does the affected property contain only a groundwater PCLE zone? ___ Yes ___ No

If yes, is the PCLE zone decreasing in size? ___ Yes ___ No

If yes, are the boundaries of the PCLE zone sufficiently smaller than the boundaries of the institutional control to preclude any potential for the groundwater PCLE zone to migrate beyond the boundaries of the institutional control? ___ Yes ___ No

If yes to these questions, you may be able to discontinue post-response action care in compliance with §350.33(i)(3). Provide justification for discontinuing post-response action care.

Response Action Objectives	PRACR Worksheet 4.0 Page ___ of ___	
	ID No.:	Report Date:

§350.33(i)(4)

Is ^{GW}Soil the only PCL exceeded in surface and subsurface soils? Yes No

If yes, is the groundwater PCLE zone decreasing in size? Yes No

If yes, are the boundaries of the PCLE zone sufficiently smaller than the boundaries of the institutional control to preclude any potential for the groundwater PCLE zone to migrate beyond the boundaries of the institutional control? Yes No

If yes, to all the above, you may be able to discontinue post-response action care in compliance with §350.33(i)(4). Provide justification for discontinuing post-response action care.

If there is not justification to terminate post-response action care, can justification be made to reduce monitoring or inspection requirements? Yes No

If yes, provide justification for reducing monitoring or inspection activities and provide proposed frequency.