



**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
PETROLEUM STORAGE TANK PROGRAM
ASSESSMENT REPORT FORM**

This form (TCEQ-0562) should be completed for leaking petroleum storage tank (LPST) sites subject to 30 Texas Administrative Code (TAC) 334 *only*. LPST sites are subject only to 30 TAC 334. Please note that all information used to complete TCEQ-0562 (this form) should be obtained according to procedures outlined in the document "Guidance for Risk-Based Assessments at LPST Sites in Texas" (RG- 175). Also note that if the Table of Contents (p. 2) of this form is not fully completed, the TCEQ will return the entire form to the responsible party without review. This document must not be altered in any manner. Requested information denoted with "*" is beyond the minimal requirements for a site assessment as defined by 30 TAC 334.78(a)(5). For sites eligible for reimbursement, attach a workplan(s) and preapproval request(s) for the next appropriate activity.

LEAKING SITE INFORMATION	
LPST ID No.:	Facility ID No.:
Site Priority:	
Facility Name:	
Facility Address:	
City:	State:
Zip:	
RESPONSIBLE PARTY INFORMATION	
RP Name:	
RP Address:	
City:	State:
Zip:	

LPST ID No.:

Date:

SIGNATURE PAGE

I certify that all work has been done in accordance with accepted industry standards and practices and adheres to TCEQ guidance and rules. I am aware that misrepresentation or intentional omission of material information reported on this form is a crime under section 7.149 of the Texas Water Code, punishable by fine or confinement or both, and also may result in loss of license under TCEQ rules (30 Texas Administrative Code, Chapter 30) and the Texas Water Code (Section 7.303 and Chapter 37).

RCAS INFORMATION

RCAS Name:	RCAS Reg No.:
RCAS Expiration Date:	
RCAS Signature:	Date:
RCAS Telephone No.:	RCAS Fax No.:

CAPM INFORMATION

CAPM Name:	CAPM Reg No.:
CAPM Expiration Date:	
CAPM Signature:	Date:
CAPM Telephone No.:	CAPM Fax No.:

By signature below, I certify that I have reviewed this report for completeness.

Responsible Party:	Company:
Signature:	Date:
Telephone No.:	Fax No.:

TCEQ Mailing Address: TCEQ/PST – RPR, MC – 137, P.O. Box 13087, Austin Texas 78711-3087

TABLE OF CONTENTS		
Worksheet E, Executive Summary	Page 5	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 1.0, Site Description	Page 6	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 2.0, Land Use	Page 7	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 3.0, Water Well Inventory	Page 8	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 4.0, Receptor Survey	Page 9-10	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 5.0, Site Assessment History	Page 11	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 6.0, Tank System Characterization	Page 12-13	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 7.0, Soil Assessment	Page 14-15	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 8.0, Groundwater Assessment	Page 16-18	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 9.0, Vapor Assessment	Page 19	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 10.0, Surface Water Assessment	Page 20	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet 11.0, Site Prioritization	Page 21-24	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Abbreviations	Page 25	
Attachment 1	Site plan illustrating location of entire former/current UST/AST system(s), subsurface utilities, limits of excavation, system removal or repair, sampling points, and surface cover.	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 2	Vicinity map or aerial photograph illustrating surrounding land use and receptors identified within a 500-foot radius	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 3	USGS topographic map with plotted water well locations	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 4	Copies of completion details and water well drillers reports for located wells (0.5 mile radius).	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 5	Site plan(s) illustrating former/current UST/AST system(s) and all (i.e., soil, groundwater, vapor, surface water) sampling points.	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 6	Soil contaminant concentration maps	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 7	Groundwater gradient map	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 8	Groundwater contaminant concentration maps	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 9	Biodegradation Indicator Distribution Map*	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 10	Soil Gas Survey Maps*	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 11	Vapor Contaminant Concentration Map	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 12	Surface Water Contaminant Concentration Map	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 13	Surface Water Flow Map	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No

TABLE OF CONTENTS, continued		
Attachment 14	Soil boring logs to include: lithology, field screening, sample locations, well completion details, TCEQ Form 0019.	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 15	Summary table of all soil, groundwater, surface water, and vapor analytical results, including from all sampling points, and tank removal or repair activities.	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 16	Summary tables of all gauging data, water level data, NAPL thickness and corrected water level data and well screen interval (if applicable).	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 17	Copies of all analytical reports including complete chain-of-custody and quality assurance/quality control documentation.	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 18	Copies of manifests, waste receipts, or other documents necessary to document waste disposition.	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 19	Photographic documentation	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 20	Proposal for next appropriate action and/or Site Closure Request.	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No

EXECUTIVE SUMMARY	
UST/AST System Status:	<input type="checkbox"/> In Use <input type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> Permanently Filled in Place <input type="checkbox"/> Removed From Ground
Current Site Land Use:	<input type="checkbox"/> Vacant <input type="checkbox"/> Industrial/Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Recreational <input type="checkbox"/> UST/AST Facility
Sources of Release:	<input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Spills <input type="checkbox"/> Dispenser <input type="checkbox"/> Other
Substance Released:	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Hydraulic Fluid <input type="checkbox"/> AV Gas <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Other
Site Assessment History:	<input type="checkbox"/> Preliminary/LSA <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Remedial Action <input type="checkbox"/> Emergency Response
Affected Environmental Media:	<input type="checkbox"/> Surficial Soil (<2 ft BGS) <input type="checkbox"/> Soil (2 to 15 ft BGS) <input type="checkbox"/> Soil (>15 ft BGS) <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Air
Identified Affected Receptors:	<input type="checkbox"/> Water Wells <input type="checkbox"/> basements/structures <input type="checkbox"/> habitat <input type="checkbox"/> utilities <input type="checkbox"/> surface water <input type="checkbox"/> exposed contaminated soil <input type="checkbox"/> other Distance From Site:
Samples Collected;	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abatement Initiated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identified Potential Receptors:	<input type="checkbox"/> Water Wells <input type="checkbox"/> Basements/Structures <input type="checkbox"/> Habitat <input type="checkbox"/> Building <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Surface Water <input type="checkbox"/> Exposed Contaminated Soil <input type="checkbox"/> Other
Depth To First Encountered Groundwater (ft) BGS:	<input type="checkbox"/> > 50 ft. <input type="checkbox"/> 15 - 50 ft <input type="checkbox"/> 0 - 15 ft
Presence Of NAPL (ft):	<input type="checkbox"/> Sheen <input type="checkbox"/> 0.1 - 0.5 ft. <input type="checkbox"/> 0.5 - 2 ft. <input type="checkbox"/> 2 - 5 ft. <input type="checkbox"/> > 5 ft. <input type="checkbox"/> None
NAPL Recovery Initiated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Known NAPL Extent:	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site
Dissolved Phase Extent:	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Unknown
Groundwater Beneficial Use Category:	<input type="checkbox"/> Cat I <input type="checkbox"/> Cat II <input type="checkbox"/> Cat III <input type="checkbox"/> Cat IV <input type="checkbox"/> Soils Only Affected, Regional Beneficial Use Can Not Be Established.
Contaminants Of Concern Exceed Target Concentrations Of Affected Media:	Soil - <input type="checkbox"/> Yes <input type="checkbox"/> No Groundwater - <input type="checkbox"/> Yes <input type="checkbox"/> No Vapors - <input type="checkbox"/> Yes <input type="checkbox"/> No Surface Water - <input type="checkbox"/> Yes <input type="checkbox"/> No
Site Priority:	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>

LPST ID No.:

Date:

SITE DESCRIPTION, WORKSHEET 1.0

Location Description

Facility name:

Address:

Cross Street:

City:

County:

Current Water Supply:

Notes:

Topography

Terrain: Flat Steep Variable

Ground Surface Slope

Direction: Grade (ft./ft.):

Other Comments:

Local Climate

Average Annual Rainfall (in.):

Within 100 Year Floodplain: Yes No

Other Comments:

LAND USE, WORKSHEET 2.0	
Past Use Of Site:	<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Recreational <input type="checkbox"/> Vacant <input type="checkbox"/> UST/AST Facility
Describe:	
Current Use of Site:	<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Residential G Commercial/Industrial <input type="checkbox"/> Agricultural G Residential <input type="checkbox"/> Recreational # Type of Residential Area: <input type="checkbox"/> Vacant G Minority/Low Income G Non-minority/Low Income <input type="checkbox"/> UST/AST Facility G Other
Describe:	
Future Use Of Site:	<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Residential G Commercial/Industrial <input type="checkbox"/> Agricultural G Residential <input type="checkbox"/> Recreational <input type="checkbox"/> Vacant <input type="checkbox"/> UST/AST Facility
Past Predominant Land Use Of The Area	<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Residential
Current Predominant Land Use Of The Area	<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Residential
Future Predominant Land Use Of The Area	<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Residential
<p>List all facilities (not limited to PST regulated) within 500 feet of the site that could be a source of contamination. Please include the facility name and type, address, Facility ID No., LPST ID No. and the owner/operator name.</p>	

WATER WELL INVENTORY, WORKSHEET 3.0

Summary Of Water Wells Within 0.5 Mile Radius Of The Site. (DG = Downgradient)

	Total No.:	Active No.:	No Screened in Affected Zone:	Total No. DG:	Active No. DG:
Public/Municipal:					
Industrial:					
Domestic:					
Agricultural:					

Potential Receptor Points

	Closest DG Water Well:	Closest DG Water Well Screened in the Affected Zone.
Well No./Designation:		
Distance From Site (ft.):		
Total Well Depth (ft.):		
Current use of Water:		
Screened Interval Below Ground:		
Year Constructed:		

Include a discussion of any ordinances which prevent or influence the future installation of water wells at the site or surrounding area.

RECEPTOR SURVEY, WORKSHEET 4

Underground Utility Survey

Nearest Underground Utility: Include Name, Type, Depth of Utility, Distance and Direction from Affected Zone:

Nearest Downgradient Utility: Include Name, Type, Depth of Utility, Distance and Direction from Affected Zone:

Discuss other receptors and indicate on Attachment 2. If affected, discuss abatement measures.

Building Survey

Nearest Building: Include Name, Type, Distance and Direction from Affected Zone:

Nearest Downgradient Building: Include Name, Type, Distance and Direction from Affected Zone:

Discuss the nearest and other receptors and indicate on Attachment 2. Buildings should include residences, schools, day care facilities, nursing homes, etc.

Surface Water Hydrology

Nearest Surface Water: Include Name, Type, Distance and Direction from Affected Zone:

Impacted Surface Water: Include Name, Type, Distance and Direction from Affected Zone:

Nearest Downgradient Surface Water:

If affected, complete Worksheet 10.0. Describe potential for affected storm water or groundwater discharge to surface water feature.

RECEPTOR SURVEY, WORKSHEET 4, (continued)

Habitat Survey

Site Located Within or Affects a Sensitive or Protected Habitat Yes No

If Yes, Name:

Location:

Provide the habitat type condition, regulatory authority, and other information relative to habitat characterization.

Summary and Recommended Action

Any observed or potential impacts anticipated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, no action is required. If Yes, see below.
Any potential for significant impacts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, additional Corrective Action is required. (See Attachment 20)
Any significant impacts observed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, additional Corrective Action is required. (See Attachment 20)

Discuss any emergency abatement and continued corrective action.

LPST ID No.:

Date:

SITE ASSESSMENT HISTORY, WORKSHEET 5.0

Summary of Previous Site Activities

Typical site activities to be recorded include: Preliminary/Limited/Comprehensive Site Assessment, Emergency Response, Risk/Exposure Assessment, Remedial/Corrective Actions.

Types of Sampling to be included: Soil, Groundwater, Surface Water, Vapors

Date Completed	Description of Activity	Sampling and Testing	Result/Impact/Target Cleanup

UST/AST SYSTEM CHARACTERIZATION, WORKSHEET 6.0

Release Information

UST/AST System Status:	<input type="checkbox"/> Active <input type="checkbox"/> Permanently Removed From Service <input type="checkbox"/> Temporarily Out of Service <input type="checkbox"/> Temporarily/Indefinitely Out of Service, Due Date:
Method of Release Discovery:	<input type="checkbox"/> UST Removal <input type="checkbox"/> Release Detection Equipment <input type="checkbox"/> Divestiture Assessment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inventory Control <input type="checkbox"/> System Tightness Testing <input type="checkbox"/> Other, describe
Substance Released : (check All That Apply)	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> AV Gas <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Hydraulic Fluid <input type="checkbox"/> Other, describe
Source of Release(s):	<input type="checkbox"/> Spills/overfills <input type="checkbox"/> Piping <input type="checkbox"/> Dispenser <input type="checkbox"/> Tank <input type="checkbox"/> Other Date Discovered:

Removal Information

Date(s) of Removal(s):			
Type of Removal:	<input type="checkbox"/> Removal from the Ground <input type="checkbox"/> Closure in Place		
Water in Tank Hold During Excavation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Depth of Water in Tankhold: (BGS)	<input type="checkbox"/> <5 ft <input type="checkbox"/> 5-10 ft. <input type="checkbox"/> 11-15 ft <input type="checkbox"/> None		
NAPL:	<input type="checkbox"/> Yes <input type="checkbox"/> No, Thickness (ft):		
Water Evacuated From Tankhold:	<input type="checkbox"/> Yes <input type="checkbox"/> No, Volume (gal.):		
Groundwater Recharge into Tankhold	<input type="checkbox"/> Yes <input type="checkbox"/> No, Depth (ft. BGS):		
Status of Evacuation(s):	<input type="checkbox"/> Open With Water <input type="checkbox"/> Open/dry <input type="checkbox"/> Backfilled With Impervious Cover <input type="checkbox"/> Backfilled With No Impervious Cover		
Type Of Fill Material:	<input type="checkbox"/> Untreated Backfill <input type="checkbox"/> Treated Backfill <input type="checkbox"/> Other <input type="checkbox"/> Clean Fill – gravel <input type="checkbox"/> Clean Fill – Sandy/Clay		
Provide the maximum contamination concentrations (mg/kg) of untreated backfill returned to the tankhold(s):			
Benzene:	TEX:	TPH:	Other:

If a new UST/AST system was installed describe and indicate on Attachment 1.

UST/AST SYSTEM CHARACTERIZATION, WORKSHEET 6.0 continued

Maximum Level of Contamination detected in Native Soils Upon Completion of Removal/Repair (mg/kg)

Chemical of Concern	Sample Date	Sample Location Depth	Laboratory Method Detection Limit	Maximum Concentration (mg/kg)
Benzene				
Toluene				
Ethylbenzene				
Total Xylenes				
TPH				
Metals				
VOC				
Other:				

SOIL ASSESSMENT, WORKSHEET 7.0

Soil Date Collection and Evaluation

Number of Soil Sampling Points:

Method of Determination: Direct Push Borings Other

Surface cover Over Affected Soil Zone: Concrete Asphalt Gravel Dirt
 Grass Other

Percent of Affected Soil Zone covered with impervious cover: 0-25% 25-50% 50-75% 75-100%

If there is no impervious surface cover, is there public access to the affected surface (0-2 ft.) soil. Yes No

Affected Soil Zone Thickness (ft.):

Affected soil zone surface area dimensions: (ft. sq.):

Maximum depth of contamination exceeding Appropriate Plan A risk based levels: (ft.) BGS

Estimated volume of soil exceeding Plan A target Concentrations (yd³):

Maximum distance from affected soil zone to Property boundary: 0-10 ft. 10-50 ft. 50-100 ft. 100-300 ft.
 300-500 ft. >500 ft.
 Extends beyond property boundary.

Waste Disposal: Landfill On-Site treatment
 Off site Treatment Other Pending
 None

Maximum Level of Contamination Detected in Native Soils(mg/kg):

Chemical of Concern	Sample Date	Sample Depth (ft.)	Sample ID	Lab. Method Detection Limit	Maximum Concentration (mg/kg)	Target Cleanup Goals
Benzene						
Toluene						
Ethylbenzene						
Xylene						
TPH						
Total Lead						
Naphthalene						
Other						

SOIL ASSESSMENT, WORKSHEET 7.0 continued

Geotechnical Soil Parameters:

Parameter	Result	Depth	Location/ Sample ID	Method of Determination
Dry Bulk Density (g/m ³):				
Effective Porosity (%):				
Fraction Organic Carbon (g/g):				
Intrinsic Permeability (cm ²):				
Water Content (cm ³ / cm ³):				
Other:				

Biodegradation Indicators: Present Spatial Distribution of O, CO, CH etc. levels on map (attachment 9)

GROUNDWATER DATA AND EVALUATION, WORKSHEET 8.0

Groundwater affected by the Release:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete the beneficial Groundwater Use Categories On this Worksheet.)	
Site Hydrology	Uppermost Zone	Other
Depth to Groundwater (ft.)		
Aquifer Type (perched, confined, uncon)		
* Estimated Aquifer Thickness (ft.)		
*Water level fluctuations (ft.)		
Gradient (ft./ft.)/Direction		
Saturated hydraulic Conductivity (ft./day)		
* Approximate Well Yield (gpd)		
Lithology		
Geologic Formation		
Major/minor Aquifer name		
Total Dissolved Solids (mg/l)		
Confining Layer Depth (ft. BGS)		
Confining Layer Thickness (ft.)		

Beneficial Groundwater Use Categories

Mark the potential beneficial use category for the impacted zone and indicate the selection criteria.

<input type="checkbox"/> Category I	<input type="checkbox"/> Category II	Category III	Category IV
<input type="checkbox"/> Impacted or Threatened Water Supply Well(s): ‡	<input type="checkbox"/> Affected Groundwater Zone TDS <3000 ppm and No beneficial use † is Documented Within 0.5 mile of the site.	<input type="checkbox"/> Affected groundwater zone TDS 3,000 - 10,000 ppm, and no beneficial use † within 0.5 miles of the site.	<input type="checkbox"/> Affected groundwater TDS >10,000 ppm, and beneficial use † is documented within 0.5 miles of the site.
OR <input type="checkbox"/> Affected groundwater zone TDS <3,000 ppm, and water well(s) or water supply spring within 0.5 miles of the site. OR <input type="checkbox"/> Soils only affected. Regional ground beneficial use † cannot be established.	OR <input type="checkbox"/> TDS 3,000 - 10,000 ppm, beneficial use † is documented within the 0.5 miles of the site.		OR <input type="checkbox"/> Well yield <150 gpd (i.e., affected zone is not considered to have a beneficial use †)

‡ If construction details of water well(s) are unknown or can not be proven, the interval is assumed to be connected.
 † Applies to a drinking water source producing from the same or connected interval as the affected groundwater zone.
 LPST ID No.: _____ Date: _____

GROUNDWATER DATA AND EVALUATION, WORKSHEET 8.0, continued					
Groundwater Sampling Points					
	On Site. Provide well ID		Off site. provide well ID		
Number of Sampling Points:					
Number of Permanent Monitor wells:					
Static water levels above screened intervals:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Dissolved Phase Plume					
Areal extent of dissolved phase plume (ft):					
Distance from edge of plume to property Boundary if on site:		<input type="checkbox"/> <10 ft. <input type="checkbox"/> 10-50 ft. <input type="checkbox"/> 50-100 ft. <input type="checkbox"/> 100-300 ft.			
Distance from property boundary to edge of Plume if off site:		<input type="checkbox"/> <10 ft. <input type="checkbox"/> 10-50 ft. <input type="checkbox"/> 50-100 ft. <input type="checkbox"/> 100-300 ft.			
Maximum level of contamination detected in groundwater (mg/l):					
Contaminant	Sample date	Sample ID	Laboratory Method Detection Limit	Maximum Concentration (mg/l)	Target Cleanup Goals
Benzene					
Toluene					
Ethylbenzene					
Total Xylenes					
MTBE					
TPH					
Naphthalene					
Other					

GROUNDWATER DATA AND EVALUATION, WORKSHEET 8.0, continued

NAPL Plume

NAPL present:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Provide well ID and Thickness (ft.)	
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Current Maximum NAPL thickness (ft.):

NAPL recovery method:	<input type="checkbox"/> Hand bail <input type="checkbox"/> passive skimmer <input type="checkbox"/> sorbent socks <input type="checkbox"/> automated system <input type="checkbox"/> none
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Volume recovered to date (gals.)

Areal extent of NAPL plume (ft.sq.)

Distance from edge of plume to property boundary if on site:	<input type="checkbox"/> <10 ft. <input type="checkbox"/> 10-50 ft. <input type="checkbox"/> 50-100 ft. <input type="checkbox"/> 100-300 ft.
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Distance from property boundary to edge of plume if off site:	<input type="checkbox"/> <10 ft. <input type="checkbox"/> 10-50 ft. <input type="checkbox"/> 50-100 ft. <input type="checkbox"/> 100-300 ft.
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Biodegradation Indicators

Present spatial distribution of dissolved Oxygen, dissolved CO₂, dissolved CH₄, Fe, SO₄, or other alternate electron acceptors on isoconcentration map. (Attachment 9)

VAPOR ASSESSMENT, WORKSHEET 9.0

Vapor Data and Evaluation

Known vapor impact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location:	<input type="checkbox"/> Ambient air <input type="checkbox"/> utilities <input type="checkbox"/> residences <input type="checkbox"/> hospital <input type="checkbox"/> school/day care <input type="checkbox"/> commercial building <input type="checkbox"/> other
Lower Explosive Limit (LEL) concentrations:	<input type="checkbox"/> Not measured <input type="checkbox"/> measured <input type="checkbox"/> calculated
NAPL present or soil concentration near saturation (for calculating soil vapor concentrations, refer to <i>Risk-Based Correction Action for Leaking Storage Tank Sites</i> , RG-36):	<input type="checkbox"/> Yes <input type="checkbox"/> No, depth (ft. bgs)

Vapor monitoring data:

Sample No.	Location	depth	% LEL	Total organic Vapors (ppmv)	Benzene (ppmv)	Other

If vapor concentrations exceed 25% of the LEL or other potential for explosive vapor exist in surface or subsurface structure, describe affected area, methods of determination, and any abatement measure. Identify and discuss any occupational or indoor air exposures to released contaminants. Provide all calculations for the determination of the target concentrations:

LEL% should reflect whole mixture evaluation. If more than one compound is present, actual measurement of vapors will typically be warranted.

SURFACE WATER ASSESSMENT, WORKSHEET 10

Surface Water Date and Evaluation

Surface water(s) affected:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Type:
NAPL present on surface water or run off:	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAPL recovery method:	<input type="checkbox"/> Passive skimmer <input type="checkbox"/> sorbent socks <input type="checkbox"/> automated system <input type="checkbox"/> booms <input type="checkbox"/> other <input type="checkbox"/> none
Volumes recovered to date (gals.):	
Areal extent of NAPL plume (ft.):	
Uses of affected surface water:	<input type="checkbox"/> Drinking water <input type="checkbox"/> contact recreation <input type="checkbox"/> habitat for endangered species <input type="checkbox"/> agriculture
Is a public or domestic surface water intake impacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If impacted lake or pond, indicate affected surface Area (ft.2)	
Average depth of surface water (ft.)	

Maximum level of contamination detected in surface water (mg/l):

Contaminant	Sample Date	Sample Location and ID	Laboratory Method Detection Limit	Maximum Concentration (mg/l)	Target Cleanup Goals
Benzene					
Toluene					
Ethylbenzene					
Total Xylenes					
MTBE					
TPH					
Naphthalene					
Other					
Other					

† Refer to 30 TAC, Chapter 307, the MCL or the *Risk-Based Correction Action for Leaking Storage Tank Sites, RG-36. Describe affected area, methods of determination and any abatement measures. Discuss the migration pathway between the source of contamination and the surface water body.*

SITE PRIORITIZATION, WORKSHEET 11

Priority 1 sites

NAPL present? Yes No Evaluate all information on site soils, vapors, groundwater, surface water, and other information. Check all boxes which match site conditions. The lowest value is the site priority. If priority cannot be determined, the assessment is inadequate.

	Priority	Actions
<input type="checkbox"/> 1.1	Explosive levels, or concentrations of vapors that could cause acute health effects are present in a residence or other building. (Ensure the local fire authority or State Fire Marshal (512/918-7100) and the local TCEQ Region Office have been notified.)	Emergency Actions: Notify appropriate authorities, property owners, and potentially affected parties. Mitigate vapor impact. Additional Actions: Conduct receptor survey. Conduct assessment of contaminant plumes. Determine target cleanup levels. Conduct remediation necessary.
<input type="checkbox"/> 1.2	An active public water supply well, public water supply line, or public surface water intake is affected or immediately threatened by the release. (Ensure the public authority and the local TCEQ Region Office have been notified.)	Emergency Actions: Notify appropriate authorities, well users, and property owners. Prevent further migration. Mitigate impact. Discontinue use of water supply. Additional Actions: Provide alternative water source. Conduct receptor survey. Conduct assessment of contaminant plumes in relation to water supply impact. Determine target cleanup levels. Conduct remediation as necessary.
<input type="checkbox"/> 1.3	A sole-source domestic water supply well or line, or sole source domestic surface water intake is affected or immediately threatened by the release. (Ensure the well user or surface water user and the local TCEQ Region Office have been notified.)	Emergency Actions: Notify appropriate authorities, well users, and property owners. Prevent further migration. Mitigate impact. Discontinue use of water supply. Additional Actions: Provide alternative water source. Conduct receptor survey. Conduct assessment of contaminant plumes in relation to water supply impact. Determine target cleanup levels. Conduct remediation as necessary.
<input type="checkbox"/> 1.4	Explosive vapors are present in a subsurface utility system, but no building or residence is affected. (Ensure the utility authority and the local TCEQ Region Office have been notified.)	Emergency Actions: Notify appropriate authorities, property owners, and affected parties. Mitigate vapor impact. Additional Actions: Conduct receptor survey. Conduct assessment of contaminant plumes. Determine target cleanup levels. Conduct remediation as necessary.
<input type="checkbox"/> 1.5	NAPL is present at the ground surface, on surface water bodies, surface water runoff, or in utilities other than water supply lines. (Ensure the utility authority is notified if utilities are affected. Ensure NAPL is removed as required pursuant to 30 TAC 334.79.)	Emergency Actions: Notify appropriate authorities, property owners, and affected parties. Secure area. Additional Actions: Conduct NAPL removal activities. Prevent migration of NAPL. Conduct assessment in relation to impact. Conduct receptor survey. Determine target cleanup levels. Conduct remediation as necessary.

SITE PRIORITIZATION, WORKSHEET 11 continued

<input type="checkbox"/> 1.6	The Edwards aquifer, recharge zone or transition zone is affected.	<p>Emergency Actions: Recover NAPL if present.</p> <p>Additional Actions: Initiate assessment activities. Conduct assessment in relation to impact. Conduct receptor survey. Determine target cleanup levels. Conduct remediation necessary. If NAPL is present, conduct removal activities.</p>
<input type="checkbox"/> 1.7	Concentrations of vapors/particulates that could cause acute health effects, or safety concerns are present in outdoor air.	<p>Emergency Actions: Notify appropriate authorities, property owners, and affected parties. Mitigate immediate impacts.</p> <p>Additional Actions: Conduct sufficient assessment to determine exposure pathways, receptors and their local target cleanup goals. If NAPL is present, conduct remediation activities.</p>

Priority 2 sites

<input type="checkbox"/> 2.1	Soils or water contaminated by the release are exposed and unsecured from public access and dwellings, playgrounds, parks, day care centers, schools, or similar use facilities are located within 500 feet of those soils.	Remove, cover, or otherwise secure exposed soils or water. Fill open excavations. Conduct actions necessary to contain contamination or prevent impact or exposure.
<input type="checkbox"/> 2.2	A former vapor impact is associated with this site, or NAPL is present in close proximity to subsurface utilities or other natural or man-made conduit and there is potential for the accumulation of explosive vapors or vapors that could cause acute effects in a building or other structure.	Remediate/remove vapors, NAPL, or contaminated soils. Determine migration pathways and remove/prevent migration pathways. Conduct assessment of contaminant plumes in relation to the potential vapor pathway. Determine target cleanup levels. Conduct actions necessary to contain contamination or prevent impact or exposure.
<input type="checkbox"/> 2.3	A domestic water supply well or line, or a domestic surface water intake is affected or immediately threatened by the release, but the user has access to another public or private water supply. (Ensure the user and the local TCEQ Region Office have been notified.	Notify proper authorities, users, and property owners. Prevent migration to water intake. Provide alternative water supply if necessary. Conduct assessment to identify contaminant plumes and exposure pathways in relation to water intake. Determine appropriate target cleanup goals based on site conditions. Conduct actions necessary to contain contamination or prevent impact or exposure.

SITE PRIORITIZATION, WORKSHEET 11 continued

<input type="checkbox"/> 2.4	<p>A non-public or non-domestic water supply well is affected or immediately threatened. (Do not consider monitor wells.) (Ensure the user and the local TCEQ Region Office have been notified.)</p>	<p>Notify proper authorities, well users, and property owners. Prevent migration to water well. Provide alternative water supply if necessary. Plug water well if necessary. Conduct assessment to identify contaminant plumes and exposure pathways in relation to water well. Determine appropriate target cleanup goals based on site conditions. Conduct action necessary to contain contamination or prevent impact or exposure.</p>
<input type="checkbox"/> 2.5	<p>Groundwater is affected and a public or domestic water supply well is located within 0.25 miles of the UST/AST system or source area. (Check if a well is present, but the well use is unknown). (See footnote 1 before responding.)</p>	<p>Determine completion data and usage of well(s) if not already known. Conduct receptor survey to locate additional wells and other potential receptors (if not already done). Evaluate well impact potential. Determine appropriate cleanup goals based on site conditions. Conduct actions necessary to contain contamination or prevent impact or exposure.</p>
<input type="checkbox"/> 2.6	<p>Groundwater or storm water runoff is affected and discharges within 500 feet of the known extent of contamination to a surface water body used for human drinking water, contact recreation, habitat to a protected or listed endangered plant and animal species.</p>	<p>Conduct assessment which addresses the contaminant plumes in relation to the surface water. Determine target cleanup levels. Conduct actions necessary to contain contamination or prevent impact or exposure. Notify property owners if impact is documented.</p>
<input type="checkbox"/> 2.7	<p>A public or domestic water supply well that produces from a groundwater zone which is not affected or threatened is located within the known extent of contamination. (Check if a well is present, but the well use unknown.)</p>	<p>Notify well users and property owners. Determine completion data and usage of water well(s). Conduct receptor survey to locate additional sensitive receptors. Investigate well impact or cross-contamination potential. Plug well(s) if necessary. Determine target cleanup levels. Conduct actions necessary to contain contamination or prevent impact or exposure. Monitor water well for groundwater quality.</p>

SITE PRIORITIZATION, WORKSHEET 11 continued

Priority 3 sites

<input type="checkbox"/> 3.1	Groundwater is affected and a public or domestic water supply well is located between 0.25 and 0.5 miles from the UST/AST system or source area. (Check if a well is present in this interval, but the well use is unknown.) (See footnote 1 before responding.)	Determine completion data and usage of well(s) if not already known. Conduct receptor survey to locate additional wells and other potential receptors (if not already done). Evaluate well impact potential. Evaluate need for remediation.
<input type="checkbox"/> 3.2	Groundwater is affected and the affected groundwater zone may discharge between 500 feet and 0.25 miles of the UST/AST or source area to a surface water body used for human drinking water, contact recreation, or habitat to a protected or listed endangered plant and animal species.	Conduct assessment which evaluates potential to impact the surface water. Evaluate need for remediation.
<input type="checkbox"/> 3.3	Groundwater is affected and a non-public or nondomestic water supply well is located within 0.25 miles of the UST/AST system or source area. (See footnote 1 before responding.)	Determine completion data and usage of well(s) if not already known. Conduct receptor survey to locate additional wells and other potential receptors (if not already done). Monitor water well for groundwater quality. Evaluate need for remediation.
<input type="checkbox"/> 3.4	A non-community or non-domestic water supply well that produces from a groundwater zone which is not affected or threatened is located within the known extent of contamination. (If a well is present, but the use of the well is unknown, check 2.7 instead.)	Notify well users and property owners. Determine completion data and usage of well(s) if not already known. Conduct receptor survey to locate additional wells and other potential receptors (if not already done). Investigate well impact or cross-contamination. Monitor water well for groundwater quality. Evaluate need for remediation.
<input type="checkbox"/> 3.5	A designated major or minor groundwater aquifer is affected or immediately threatened. (See footnote 2 before responding.)	Conduct assessment of soil and groundwater contaminant plumes in relation to major or minor aquifer. Conduct receptor survey and water well inventory. Evaluate need for remediation.

Priority 4 sites

<input type="checkbox"/> 4.1	Groundwater is affected.	Conduct assessment of soil and groundwater contaminant plumes. Conduct receptor survey and water well inventory. Evaluate site conditions to determine need for additional corrective action.
<input type="checkbox"/> 4.2	The vertical extent of contamination has been defined and the assessment results document that groundwater is not affected.	Conduct assessment of soil contaminant plume. Conduct receptor survey and water well inventory. Evaluate site conditions to determine need for additional corrective actions.

1. Consider only wells producing from the same interval as the affected groundwater zone at the release site, wells which may provide a cross-contamination pathway, or wells where completion details are unknown.
2. Refer to Major and Minor Aquifers of Texas Maps prepared by Texas Water Development Board, September 1990. Do not consider the low permeability Beaumont clays of the Beaumont Formation for the Gulf Coast aquifer. Do not consider perched groundwater zone overlaying the principal producing portion of the aquifer unless the two are hydrologically connected.

LPST ID No.: ABBREVIATIONS

% - percent
 AST-Above-ground Storage Tank
 AV - aviation
 BGS -below ground surface
 C -Celsius
 CAP -corrective action plan
 CAT.- category
 CH4 - methane
 cm³ - cubic centimeter
 cm²/cm² -square centimeter per square centimeter
 CO₂ -carbon dioxide
 Coml. -commercial
 Conc - concentration
 cont. - continue
 EPA -Environmental Protection Agency
 Fe -iron
 ft.- feet
 ft.²- square feet
 gal -gallons
 g/g - gram per gram
 g/m³ - gram per cubic meter
 gpd - gallons per day
 ID -identification
 In - inches
 Lab.-laboratory
 LPST - Leaking Petroleum Storage Tank
 LSA -. Limited Site Assessment
 Max.- maximum
 MCL -maximum contaminant level
 mg/kg - milligram per kilogram
 mg/R -milligram per liter
 NAPL -non-aqueous phase liquid
 No.-number
 O₂ -.oxygen
 ppm - parts per million
 PST -Petroleum Storage Tank
 RP -Responsible Party
 RPR -Responsible Party Remediation
 TAC -Texas Administrative Code
 TEX -toluene, ethylbenzene, and total xylenes
 TCEQ- Texas Commission on Environmental Quality
 TPH- total petroleum hydrocarbons
 UST-Underground Storage Tank