



INITIAL SITE CHARACTERIZATION (ISC) CHECKLIST

State Form 55440 (11-13)

329 IAC 9-5-5.1

Indiana Department of Environmental Management
Office of Land Quality

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Attention: Leaking UST Section
Office of Land Quality
100 N. Senate Ave., MC 67-18, IGCN 1101
Indianapolis, IN 46204-2251
Phone number: (317) 232-8900

INSTRUCTIONS:

1. The purpose of this form is to create consistency and to ensure the submittal of all information required by 329 IAC 9-5-5.1 for an Initial Site Characterization (ISC). The ISC must be submitted within sixty (60) days of release reporting.
2. Completion of this form is mandatory and should be submitted along with your ISC Report Cover Sheet & Report Format state form 55439. You may complete this form electronically; however, a paper copy of this form must accompany the Initial Site Characterization report.
3. This form must be signed by a certified environmental professional as prescribed by 329 IAC 9.

A. FACILITY INFORMATION

Facility Name:		Facility ID Number:	
		LUST Incident Number(s):	
Street Address:			
City:		County:	ZIP Code:

B. ISC REVIEW CHECKLIST

S : SUBMITTED	N : NOT SUBMITTED	I : INADEQUATE	A : ADEQUATE
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The environmental professional should check the boxes to the left of the descriptions indicating if the required information was submitted with the ISC report. If the information was not submitted with the ISC, the environmental professional should provide a brief narrative in Section C indicating why the information is not included with the report. Failure to submit required information may result in a referral to IDEM Enforcement. IDEM Staff will complete the adequacy columns located to the right of the descriptions. Additionally, per 328 IAC 1-3-3 if required information outlined in 329 IAC 9-5-5.1 is not completed and submitted to the department within ninety (90) days of release reporting your ELTF Eligibility will be reduced.

S	N	1. BACKGROUND INFORMATION		I	A
<input type="checkbox"/>	<input type="checkbox"/>	a.	Owner/Operator name & address	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b.	Past Owner/Operators	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c.	Facility name, address & phone number	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d.	Type of facility, past and present operations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	e.	Previous spill history	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	f.	Site proximity to sensitive areas	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	g.	Location & number of all water wells within 1 mile radius	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	h.	Number and volume of Underground Storage Tanks (USTs)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	i.	UST(s) construction material and type of leak detection	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	j.	UST(s) past and present contents	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	k.	Copy of most recent Tank Tightness Test (TTT) results and inventory records for the prior calendar year	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	l.	UST(s) age along with installation dates	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	m.	Description of all site work completed to date	<input type="checkbox"/>	<input type="checkbox"/>
2. RELEASE INCIDENT DESCRIPTION					
<input type="checkbox"/>	<input type="checkbox"/>	a.	Date incident was reported to IDEM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b.	Release incident number assigned by IDEM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c.	Regulated substance(s) released	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d.	Quantity of regulated substance(s) lost	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	e.	Affected area description	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	f.	Health & environmental risks associated with the spill incident	<input type="checkbox"/>	<input type="checkbox"/>
3. INITIAL RESPONSE TO RELEASE					
<input type="checkbox"/>	<input type="checkbox"/>	a.	Detailed description of immediate actions taken to prevent any further release	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b.	Measures taken to prevent migration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c.	Actions taken to mitigate fire and explosion hazards	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d.	Actions to investigate the presence of free product	<input type="checkbox"/>	<input type="checkbox"/>

S		N		4. FREE PRODUCT RECOVERY INFORMATION <i>(Fill out only if free product is present during investigation)</i>		I	A
<input type="checkbox"/>	<input type="checkbox"/>	a.	Name of person(s) responsible for Free Product removal	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	b.	Estimated quantity, type and thickness of Free Product	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	c.	Description of recovery methods and/or system	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	d.	Copies of all permits for handling, discharging, & disposal	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	e.	Final disposition of free product	<input type="checkbox"/>	<input type="checkbox"/>		
5. REGIONAL INVESTIGATIONS							
<input type="checkbox"/>	<input type="checkbox"/>	a.	Types of Bedrock	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	b.	Soil series description (USDA, soil conservation service)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	c.	List of soil, geological, and hydrogeological references used	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	d.	Maps with topographic base with 10 foot contour intervals	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	e.	Location and depth of high capacity wells within 2 mile radius	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	f.	Location and depth of smaller capacity wells within 1 mile radius	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	g.	Site location, other facilities and land use within the immediate area (all four cardinal directions)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	h.	Nearest surface water bodies	<input type="checkbox"/>	<input type="checkbox"/>		
6. SITE SPECIFIC INVESTIGATIONS							
<input type="checkbox"/>	<input type="checkbox"/>	a.	Minimum of three (3) soil borings (continuously screened and sampled per IDEM guidance)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	b.	Boring locations, accurately field surveyed with a horizontal closure of less than one (1) foot error	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	c.	Site soil stratigraphy identification	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	d.	Boring logs with USDA textures, gas/vapor readings, etc. using a like scale	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	e.	Depth to ground water	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	f.	Ground water flow direction(s) and gradients established by three (3) locations not in a straight line	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	g.	Minimum of three ground water samples collected and analyzed	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	h.	Monitoring wells surveyed to a temporary benchmark	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	i.	Monitoring well construction records submitted with the same scale and per IDNR rules	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	j.	Maps illustrating legends and compass directions	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	k.	Maps with topographic base & appropriate contour intervals	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	l.	Maps identifying above ground features (including buildings, roadways, man ways, pump islands, and property lines)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	m.	Maps identifying below ground features and preferential pathways	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	n.	Maps with soil boring / monitoring well locations	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	o.	Maps with sampling locations, depth and concentrations	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	p.	Horizontal and vertical contaminant plume identification	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	q.	Geologic cross sections illustrating the vertical plume extent	<input type="checkbox"/>	<input type="checkbox"/>		
7. SAMPLING METHODS AND DOCUMENTATION							
<input type="checkbox"/>	<input type="checkbox"/>	a.	Proper test methods and detection limits used for COC's	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	b.	Analytical data sheets provided	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	c.	Chain of custody forms were completed, signed, and submitted	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	d.	IDEMs Minimum Data Documentation Requirements (MDDR's) met	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	e.	Full QA/QC (if submitting data for site characterization approval)	<input type="checkbox"/>	<input type="checkbox"/>		
8. RESULTS & CONCLUSIONS							
<input type="checkbox"/>	<input type="checkbox"/>	a.	Discussion of results and conclusions of the data collected	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	b.	Field and lab results presented in a tabular format	<input type="checkbox"/>	<input type="checkbox"/>		
9. RECOMMENDATIONS							
<input type="checkbox"/>	<input type="checkbox"/>	a.	Further Site Investigation (FSI) work plan submitted with ISC	<input type="checkbox"/>	<input type="checkbox"/>		

C. ENVIRONMENTAL PROFESSIONAL COMMENTS REGARDING INFORMATION NOT SUBMITTED AS REQUIRED

D. CERTIFICATION OF REPORT COMPLETION

I, the undersigned environmental professional, hereby attest to the best of my knowledge and belief that the statements in this document and all attachments are true, accurate, and completed per 329 IAC 9-5-5.1. I certify that the report was submitted to the IDEM Leaking Underground Storage Tank Section on the date listed below.

Name	Position	Company	Date

Environmental Professional Credentials:

_____ (signature and date)

Please note, per 329 IAC 9, this document must be signed by a Registered Professional Engineer, a Licensed Professional Geologist, a Certified Hazardous Materials Manager, or a Professional Soil Scientist. All must be specifically certified in the State of Indiana.

Additional Signatures (as appropriate or desired)

_____ (signature and date)

_____ (printed name and date)

E. THIS SECTION TO BE COMPLETED AND RETURNED TO THE OWNER BY THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT UPON

Your ISC Report (VFC Document # _____) is substantially complete and accurate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Your Site Characterization is:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Your Further Site Investigation work plan is :	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

_____ (IDEM PM signature and date)

_____ (IDEM PM printed name and date)