**

**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.*

1. *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.*

1. *This form must be signed by a certified environmental professional as prescribed by 329 IAC 9.*

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| **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**  |
| *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** |
| [ ]  | [ ]  | 1. Owner/Operator name & address
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Past Owner/Operators
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Facility name, address & phone number
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Type of facility, past and present operations
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Previous spill history
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Site proximity to sensitive areas
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Location & number of all water wells within 1 mile radius
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Number and volume of Underground Storage Tanks (USTs)
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. UST(s) construction material and type of leak detection
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. UST(s) past and present contents
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Copy of most recent Tank Tightness Test (TTT) results and inventory records for the prior calendar year
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. UST(s) age along with installation dates
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Description of all site work completed to date
 | [ ]  | [ ]  |
|  |  | **2. RELEASE INCIDENT DESCRIPTION** |  |  |
| [ ]  | [ ]  | 1. Date incident was reported to IDEM
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Release incident number assigned by IDEM
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Regulated substance(s) released
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Quantity of regulated substance(s) lost
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Affected area description
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Health & environmental risks associated with the spill incident
 | [ ]  | [ ]  |
|  |  | **3. INITIAL RESPONSE TO RELEASE** |  |  |
| [ ]  | [ ]  | 1. Detailed description of immediate actions taken to prevent any further release
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Measures taken to prevent migration
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Actions taken to mitigate fire and explosion hazards
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Actions to investigate the presence of free product
 | [ ]  | [ ]  |
| **S** | **N** | **4. FREE PRODUCT RECOVERY INFORMATION***(Fill out only if free product is present during investigation)* | **I** | **A** |
| [ ]  | [ ]  | 1. Name of person(s) responsible for Free Product removal
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Estimated quantity, type and thickness of Free Product
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Description of recovery methods and/or system
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Copies of all permits for handling, discharging, & disposal
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Final disposition of free product
 | [ ]  | [ ]  |
|  |  | **5. REGIONAL INVESTIGATIONS** |  |  |
| [ ]  | [ ]  | 1. Types of Bedrock
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Soil series description (USDA, soil conservation service)
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. List of soil, geological, and hydrogeological references used
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Maps with topographic base with 10 foot contour intervals
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Location and depth of high capacity wells within 2 mile radius
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Location and depth of smaller capacity wells within 1 mile radius
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Site location, other facilities and land use within the immediate area (all four cardinal directions)
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Nearest surface water bodies
 | [ ]  | [ ]  |
|  |  | **6. SITE SPECIFIC INVESTIGATIONS** |  |  |
| [ ]  | [ ]  | 1. Minimum of three (3) soil borings (continuously screened and sampled per IDEM guidance)
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Boring locations, accurately field surveyed with a horizontal closure of less than one (1) foot error
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Site soil stratigraphy identification
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Boring logs with USDA textures, gas/vapor readings, etc. using a like scale
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Depth to ground water
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Ground water flow direction(s) and gradients established by three (3) locations not in a straight line
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Minimum of three ground water samples collected and analyzed
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Monitoring wells surveyed to a temporary benchmark
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Monitoring well construction records submitted with the same scale and per IDNR rules
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Maps illustrating legends and compass directions
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Maps with topographic base & appropriate contour intervals
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Maps identifying above ground features (including buildings, roadways, man ways, pump islands, and property lines)
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Maps identifying below ground features and preferential pathways
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Maps with soil boring / monitoring well locations
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Maps with sampling locations, depth and concentrations
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Horizontal and vertical contaminant plume identification
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Geologic cross sections illustrating the vertical plume extent
 | [ ]  | [ ]  |
|  |  | **7. SAMPLING METHODS AND DOCUMENTATION** |  |  |
| [ ]  | [ ]  | 1. Proper test methods and detection limits used for COC’s
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Analytical data sheets provided
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Chain of custody forms were completed, signed, and submitted
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. IDEMs Minimum Data Documentation Requirements (MDDRs) met
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Full QA/QC (if submitting data for site characterization approval)
 | [ ]  | [ ]  |
|  |  | **8. RESULTS & CONCLUSIONS** |  |  |
| [ ]  | [ ]  | 1. Discussion of results and conclusions of the data collected
 | [ ]  | [ ]  |
| [ ]  | [ ]  | 1. Field and lab results presented in a tabular format
 | [ ]  | [ ]  |
|  |  | **9. RECOMMENDATIONS** |  |  |
| [ ]  | [ ]  | 1. Further Site Investigation (FSI) work plan submitted with ISC
 | [ ]  | [ ]  |

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| **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) |

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| 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. |
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**Additional Signatures (as appropriate or desired)**

|  |  |
| --- | --- |
|   | (signature and date) |

|  |  |
| --- | --- |
|        | (printed name and date) |

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| **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  | [ ]  YES | [ ]  NO |
| Your Site Characterization is:  | [ ]  APPROVED | [ ]  DENIED |
| Your Further Site Investigation work plan is : | [ ]  APPROVED | [ ]  DENIED |

|  |  |
| --- | --- |
|   | (IDEM PM signature and date) |

|  |  |
| --- | --- |
|   | (IDEM PM printed name and date) |