



## NO FURTHER ACTION REQUEST COVER SHEET AND REPORT FORMAT

State Form 56088 (6-16)

329 IAC 9-5

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. This form is intended to assist with the organization of No Further Action (NFA) Requests.
2. The Cover Sheet should be attached as cover to your NFA report submittal. The directions for the required NFA format are not required to be attached.
3. Depending on the nature of the project, some of the following sections or appendices may not be applicable. If this is the case, do not leave the section blank, omit, or reorder. Instead, enter "Not Applicable" or provide an explanation to indicate that the section does not apply or that information is not available, and why.

### A. FACILITY INFORMATION

Facility Name:	<b>FACILITY IDENTIFICATION NUMBER:</b>	
	LUST Incident Number(s):	
Street Address (number and street):		
City:	County:	ZIP Code:

### B. SITE INFORMATION

Is the site currently an operational UST facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have all USTs been removed or properly closed in-place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there more than one incident being addressed in this NFA Request Report?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the site located within a Well Head Protection Area (WHPA)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you requesting an Unconditional Closure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is soil contamination present off site above screening levels?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is groundwater contamination present off site above screening levels?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there an existing Environmental Restrictive Covenant (ERC) on the deed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there exposure pathways that need to be controlled by using an ERC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a draft ERC attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is full QA/QC submitted in <b>Appendix C</b> for closure purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Under what guidance are you requesting closure?		

### C. TANK(S) OWNER INFORMATION

Owner Name:		
Street Address (number and street):		
City:	State:	ZIP Code:
Contact Person:	Telephone Number:	
E-Mail Address:		

**D. TANK(S) OPERATOR INFORMATION**

Company Name:		
Street Address (number and street):		
City:	State:	ZIP Code:
Contact Person:		Telephone Number:
E-mail Address:		

**E. UST PROPERTY OWNER INFORMATION**

Company Name:		
Street Address (number and street):		
City:	State:	ZIP Code:
Contact Person:		Telephone Number:
E-mail Address:		

**F. REPORT PREPARER INFORMATION**

Company Name:		
Street Address (number and street):		
City:	State:	ZIP Code:
Contact Person:		Telephone Number:
E-mail Address:		

**G. 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 9-5-7(f)(1)(M). I certify that the report was submitted to IDEM Leaking Underground Storage Tank Section on the date listed below on behalf of and with the approval of the Owner/Responsible Party identified within.**

Name	Position	Company	Date (month, day, year)

**Environmental Professional Credentials**

Signature: \_\_\_\_\_ Date (month, day, year): \_\_\_\_\_

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: \_\_\_\_\_ Date (month, day, year): \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (month, day, year): \_\_\_\_\_

Printed name: \_\_\_\_\_

# NFA REQUEST REPORT FORMAT

Please attach a copy of your No Further Action Request Report following the outline and section headings one (1) through six (6) provided below.

## EXECUTIVE SUMMARY

Provide a brief discussion and summary of the project.

## 1. SITE DESCRIPTION

Describe the site location.

1. Physical description of the site and discussion of present and potential future land use of the subject property (i.e. industrial, commercial, or residential).
2. Identify all adjacent properties in the four (4) principal compass directions and include historical (if known) uses.
3. A scaled plan of the subject site and adjacent properties should be provided as **Figure 1**. The figure should also include site buildings or former buildings, location of current and former USTs and excavation extents, groundwater monitoring wells, underground utilities, storm drains, spill areas, etc.

## 2. RELEASE INCIDENT DESCRIPTION AND RESPONSE

Provide a brief description of the release. Indicate the reason the investigation was performed (e.g., failed tank tightness testing, loss of product through inventory control checks, erratic behavior of product dispensing equipment, water present in UST, free product present, vapors present in basements and/or nearby utility lines). Provide a detailed description of actions taken to prevent any further release, prevent migration, mitigate hazards, and investigate free product.

## 3. SITE SPECIFIC INVESTIGATION

Provide a brief discussion of investigation results.

1. Timeline of investigative actions.
2. Discussion of nature and extent of contamination.

## 4. SUMMARY OF CORRECTIVE ACTIONS

Provide a brief summary of the corrective action(s) completed at the site.

1. Free Product Recovery
2. Soil Remediation
3. Ground Water Remediation
4. Vapor Mitigation

## 5. CURRENT SITE CONDITIONS

### Soil Analytical Results

Provide a brief narrative describing the most current soil analytical results.

1. The soil analytical results should be compared against both the residential and commercial/industrial values and be presented in **Table 1**.
2. Soil analytical results are required to be presented on a site map as **Figure 2**.
3. Plume map(s) displaying the lateral extent(s) of any residual COCs should be included as **Figures 2 a, b, c, etc.**

### Groundwater Analytical Results

Provide a brief overview of the most recent groundwater analytical results.

1. Analytical results should be compared against both the residential and commercial/industrial values and presented in **Table 2**.
2. Most recent analytical results are required to be presented on a site map as **Figure 3**.
3. Plume map(s) displaying the lateral extent(s) of residual COCs should be included as **Figure 3 a, b, c, etc.**
4. Provide full QA/QC for a complete groundwater sampling event conducted in the last year of monitoring.

### Historical Data Tables

Analytical data summary tables for soil and groundwater should be included in **Appendix A**.

### QA/QC Data Package

Include lab analytical information, data sheets, chain-of-custody forms, documentation of MDDRs and full QA/QC for ground water samples being utilized for this closure decision in **Appendix C**. NOTE: IDEMs "Investigation of Underground Storage Tank Release" Quality Assurance Program Plan (QAPP)(B-001-OLQ-R-XX-09-Q-RO) can be found at [http://www.in.gov/idem/files/Investigation\\_UST\\_Releases\\_QAPP.pdf](http://www.in.gov/idem/files/Investigation_UST_Releases_QAPP.pdf). Failure to submit this documentation may delay your ability to receive site closure.

## 6. SITE CLOSURE

### Pathway Evaluation

Identify and evaluate all exposure pathways associated with the remaining contamination of the subject release(s) including the following.

1. Migration to Groundwater (soil data)
2. Direct Contact (soil data)
3. Ingestion (groundwater data)
4. Vapor Intrusion (groundwater data)
5. Other sensitive areas (human health or ecological)

### Lines of Evidence

Provide any lines of evidence to demonstrate that the risk characterization overstates the actual risk.

### Institutional Controls

List all proposed ERC restrictions. Provide a draft ERC for review as **Appendix B**.