

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT** OFFICE OF LAND QUALITY

REMEDIATION SERVICES BRANCH

 Submit report to: Program e-Submission folder and

 project manager

**REMEDIATION SERVICES BRANCH ANNUAL REPORT**State Form 57108 (R / 12-21)

State Form 57108 (4-21)

**Purpose:** For the Voluntary Remediation Program (VRP), this Annual Report form satisfies Indiana Code (IC) 13-25-5-15, *Voluntary remediation work plan; implementation; reports*, for making regular reports to the commissioner concerning the remediation and Paragraph 20, *Progress Reports* of the current Voluntary Remediation Agreement (VRA). The purpose of progress reports is to assure IDEM that (a) work is progressing in line with the schedule provided in the VRA and the approved Remediation Work Plan (RWP), and (b) completion of the project can be reasonably assured on the scheduled date. If IDEM determines that the Applicant has not made good faith efforts to execute the VRA or fails to maintain the schedule in the RWP, VRP can withdraw from the VRA and terminate the project.

For the State Cleanup Program (SCP), this Annual Report form satisfies the requirement for annual reporting of project progress under the Scope of Work (SOW), contained in the Notice of Liability and Information Request letter (NL Letter). This form does not take the place of the need for submittal of other work plans and reports, which are required per the SOW, contained in the NL Letter and which are necessary to document the completion of site characterization and implementation of remedial actions under IC 13-25-4-9(a) and IC 13-24-1-2.

***Due Date:*** *January 31, annually, until site achieves closure (receives Covenant Not to Sue from VRP or No Further Action letter from SCP). Information submitted is for the prior calendar year.*

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| **Project Identification** | **Current Information** |
| Program | [ ]  Voluntary Remediation [ ]  State Cleanup |
| Site program number |       |
| Site name |       |
| Site address |       |
| Submitter’s name  |       |
| Submitter’s email address |       |
| Current site owner(s) name |       |
| Current site owner(s) address |       |
| Current site owner(s) email |       |
| Current site owner(s) phone number |       |
| Responsible party/Applicant name, address, email and phone number (if different than current owner) |       |
| Any other IDEM programs and program number |       |
| Consultant or Representation for the Applicant(s) |       |
| **Project Background** |
| Current site use *(Brief)* |       |
| Any significant change in surrounding site use |       |
| Current project stage *(site characterization, active remediation, post-remedial monitoring, plume stability monitoring, etc.)* |       |
| Release-related chemical(s) |       |
| Off-site contamination *(yes or no)* |       |
| Potentially completed pathways |       |

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| **Delineation Status**  |
| *Identify the status of contaminant delineation in each medium as “On-going” or “Completed.” If on-going, specify data gaps and a projected completion date. If marked completed on this form, include VFC # of document demonstrating evidence of completed delineation.* |
| Soil/Sediment | [ ]  On-going [ ]  Complete |       |
| Groundwater | [ ]  On-going [ ]  Complete |       |
| Vapor | [ ]  On-going [ ]  Complete |       |
| Preferential pathways | [ ]  On-going [ ]  Complete |       |
| Ecological assessment | [ ]  On-going [ ]  Complete |       |
| **Schedules** |
| Schedule of all field work previous year |       |
| Proposed field schedule for coming year |       |
| Proposed schedule for document submittals in coming year |       |
| Items proposed but not completed in the past year |       |
| Schedule with next steps for the coming year *(more investigation, develop RWP, suspend active remediation, etc.)* |       |
| Expected timeline to closure |       |
| **Operating Systems** |
| Description of any systems that operated during the year *(Remediation or vapor mitigation)* |       |
| Down time |       |
| Still operable or that could be operable |       |
| Expected life |       |
| **Institutional Control Development** |
| Steps to develop onsite and off-site institutional controls *(completed and planned)* |       |
| **Administrative Record** |
| List of the documents, including VFC numbers, documenting current status of site characterizations and/or remedial actions.  |       |

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| I, \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that this document and all attachments were prepared  *(Print or Type Name of Submitter)*under my direction or supervision by qualified personnel. Based on my inquiry of the persons who gathered the information, it is, to the best of my knowledge, true, accurate, and complete. I further certify that I am authorized to submit this information.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Submitter’s signature or designated representative Date (month, day, year)* |