# DEEPLogoCIRCLEBoldtextaroundcircleDepartment of Energy & Environmental Protection

**Bureau of Water Protection and Land Reuse  
Remediation Division**

**79 Elm Street, Hartford, CT 06106-5127  
(860) 424-3705** [**www.ct.gov/deep/remediation**](http://www.ct.gov/deep/remediation)

RCRA CORRECTIVE ACTION VERIFICATION

This verification must be signed by a Connecticut Licensed Environmental Professional and the

Party that certified the Environmental Condition Assessment Form. Retain a copy for your records. (DEEP use only)

Ver#:

## Part I: Site Information

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| --- |
| Facility now or formerly known as:  Facility Address:  City/Town:       State: CT Zip Code:  Description in the Property Deed:  Recorded on page       of volume       in the Town of:  Land Records as lot      , block       on map       Acreage of Property: |

Part II: Verification

|  |  |
| --- | --- |
| "I verify in accordance with Section 22a-449(c)-105 and Section 22a-133v-1(z) of the Regulations of Connecticut State Agencies (RCSA), that an investigation has been performed at the subject facility in accordance with prevailing standards and guidelines and that **all actions to remediate any pollution caused by any release at the facility have been taken in accordance with the remediation standards,** RCSA Sections 22a-133k-1 through 22a-133k-3.”  I further verify compliance with the following:   * Ecological Risk Assessment has been completed; * The concentration of lead (Pb) at the site is consistent with EPA and DEEP risk-based standards; * Site-specific QAPP have been fully documented; and * Public participation has been provided.   (check if applicable)  An environmental land use restriction (ELUR) has been executed and recorded in accordance with RCSA Section 22a-133q-1.  Date ELUR approved by Commissioner:       Date ELUR recorded:  Provide the date the ECAF was filed with the Department:  Provide the date the verification of remediation was delegated by the Commissioner to a LEP:  LEP Seal | |
|  |  |
| Signature of Licensed Environmental Professional License #: |  |
|  |  |
|  |  |
| Name of Licensed Environmental Professional (print or type) |  |
| **Date of signature/verification**: |  |
| Phone Number:  e-mail: |  |

This completed form should be submitted to: Remediation Division, 2nd Floor

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