### Bureau of Water Protection and Land Reuse

**Remediation Division**

# Completion of Investigation Transmittal Form

This form is prescribed by the Commissioner pursuant to CGS 22a-134a(g)(1)(A), and must be completed as a summary to transmit a final site investigation report. A report on the completed investigation of the parcel is to be attached to this form, as well as all other applicable documentation which demonstrates that the investigation of the parcel has been completed in accordance with prevailing standards and guidelines. The report should conform to all reporting requirements described in the Site Characterization Guidance Document (SCGD), rev. 12/2010.

Part I of this form is to be completed and signed by the Party responsible to complete the investigation of the parcel. Part II of this form is to be completed, signed and sealed by a licensed environmental professional (LEP).

All sections of this form must be completed, as applicable.

###### Part I: General Information

 Remediation ID No. (Rem#):

## Site Identification

|  |
| --- |
| Site Name:      Site Address:      City/Town:       State:    Zip Code:      -    Description in Property Deed: Recorded on page       of volume       of the Town of      land records, as lot       block       on map       in the Tax Assessor's Office. |

**Site Contact Information**

|  |
| --- |
| 1. Business/person submitting this form:Business Name:      Name of Authorized Representative:       Title:      Mailing Address:       E-mail Address:      City/Town:       State:    Zip Code:      -    Business Phone:    -   -     Ext.       |
| 2. Owner of the parcel:Name:       E-mail Address:      Mailing Address:      City/Town:       State:    Zip Code:      -    Business Phone:    -   -     Ext.       |

**Completion of Investigation Transmittal Form (continued)** Rem#:

**Part I: General Information (continued)**

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| ***Check the box indicating under which program this documentation is being submitted:***[ ]  Connecticut General Statutes (CGS) section 22a-134a(a)-(e), Property Transfer filing[ ]  CGS section 22a-133x, Voluntary Remediation[ ]  Other (specify)       |

**List Additional Supporting Documentation and identify whether the documents are attached to this transmittal form (“A”) or are already on file with the Department (“F”).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Dated** | **Prepared by** | **Attached (A) /****On File (F)** |
|       |       |       |    |
|       |       |       |    |
|       |       |       |    |
|       |       |       |    |
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|       |       |       |    |
|       |       |       |    |

**Certification**

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| "I submit this form and attached final site investigation report, approved in writing by a licensed environmental professional, and other applicable documentation which demonstrates the investigation of the parcel has been completed in accordance with prevailing standards and guidelines."  |
|       |  |       |
| Printed Name of Signatory  |  | Title |
|  |  |       |
| Authorized Signature  |  | Date |
| Representing (Name of Company):      Address:      City/Town:       State:    Zip Code:      -    Phone:    -   -     |

**Completion of Investigation Transmittal Form (continued)** Rem#:

**Part II: Site Summary**

##### To be completed by the LEP:

|  |  |
| --- | --- |
| Groundwater Classification:       | Drainage Basin Number:       |
| Distance to / location of nearest surface water body:       |
| Name of water body:       | Type of water body:       |
| Surface Water Classification:       |
| Wastewater Discharge (check appropriate box): |
| [ ]  on-site septic/leachfield |
| [ ]  sanitary sewer | NPDES Permit Number:       |
| [ ]  municipal stormwater system | Stormwater Discharge Permit Number:       |
| [ ]  other (specify):       |
| On-site groundwater use (check all that apply): | [ ]  Industrial | [ ]  Irrigation | [ ]  Potable water |
| Abutting land uses (check all that apply): | [ ]  Industrial | [ ]  Commercial | [ ]  Residential [ ]  Agricultural |
| Sensitive receptor land use in vicinity (check all that apply): | [ ]  school [ ]  childcare facility [ ]  healthcare facility [ ]  recreational[ ]  other (specify):       |
| Bedrock Type:       | Depth to Bedrock:       |
| Overburden Material:       |
| Depth to Water Table:       | Groundwater Flow Direction:       |
| Seasonally low water table beneath elevation of bedrock surface anywhere on the site? [ ]  Yes [ ]  No |
| Groundwater Flow Rate:       | Hydraulic Conductivity:       |
| Description of establishment operations:       |

**Completion of Investigation Transmittal Form (continued)** Rem#:

**Part II: Site Summary (continued)**

**Findings**

|  |  |
| --- | --- |
| Date Phase I ESA completed:       | Number of AOCs identified:     |
| Date Phase II investigation completed:       | Number of AOCs tested:     |
| Date Phase III investigation completed:       | Number of releases identified:     |
| Bedrock aquifer investigated? [ ]  Yes [ ]  NoIf not, provide rationale:       |
| Are NAPLs present on-site? [ ]  Yes [ ]  NoIf yes, explain:       |
| List COCs detected in soil:       |
| List COCs detected in groundwater (indicate if bedrock or overburden aquifer):       |
| Groundwater plume, originating from on-site source, migrating off-site? | [ ]  Yes [ ]  No |
| List substance(s) detected on-site attributed to a background condition; media in which substance(s) detected; and concentrations:       |
| Representative sampling has been conducted to demonstrate background conditions | [ ]  Yes [ ]  No |

**Completion of Investigation Transmittal Form (continued)** Rem#:

**Part II: Site Summary (continued)**

**Findings (continued)**

|  |  |
| --- | --- |
| Remediation or some alternative means to demonstrate / achieve compliance with the RSRs is required: | [ ]  Yes [ ]  No |
| RSR Criterion Exceeded: | [ ]  ResDEC [ ]  I/C DEC [ ]  PMC [ ]  GWPC [ ]  SWPC [ ]  Res VolC [ ]  I/C VolC  |
| List COCs and concentrations for each criterion exceeded:       |
| Was analysis for TCE conducted? [ ]  Yes [ ]  No If TCE was detected in groundwater or soil vapor, was it evaluated and addressed in light of the [joint DPH/DEEP guidance](https://portal.ct.gov/DEEP/Remediation--Site-Clean-Up/Guidance/Trichloroethylene-Developmental-Risks)? [ ]  Yes [ ]  No [ ]  N/AExplain all “No” answers:       |
| *Note*: *If chlorinated solvents (specifically TCA) were detected in groundwater, 1,4-Dioxane may also be present*. Was analysis for 1,4-Dioxane conducted? [ ]  Yes [ ]  No If 1,4-Dioxane was detected in groundwater, was it evaluated in light of *CTDPH’s established Action Levels of 3.0 ug/L for drinking water and 50 ug/L for dermal contact?* [ ]  Yes [ ]  No [ ]  N/AExplain all “No” answers:       |
| If VolC has been exceeded, has a survey been conducted to identify all occupied buildings (on-site and off-site) which overly the plume? | [ ]  Yes [ ]  No |
| If VolC has been exceeded, has a survey been conducted to identify all occupied buildings downgradient of plume which may be considered at risk? | [ ]  Yes [ ]  No |
| Provide explanation for "No" answers:       |
| Number of occupied buildings overlying plume identified :       |

**Completion of Investigation Transmittal Form (continued)** Rem#:

**Part II: Site Summary (continued)**

**Findings (continued)**

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| Describe type of building use for each occupied building:       |
| Has vapor intrusion been assessed for each occupied building? | [ ]  Yes [ ]  No | [ ]  Assessment plan being developed |
| Explain results:       |

Potable Well Receptor Survey / Assessment

|  |  |
| --- | --- |
| Date Potable Well Receptor Survey completed?       | Radius of survey:       |
| If not completed, explain:       |
| Number of water supply wells identified:       |
| Distance to nearest public water supply well from Release Area:       |
| Distance to nearest private water supply well from Release Area:       |
| List potable wells sampled, known well construction, distance from Release Area, and indicate COCs detected:      |
| Was a significant hazard, as defined in §22a-6u identified? [ ]  Yes [ ]  NoSignificant Hazard Notification filed? [ ]  Yes Date filed:      [ ]  No 🡪 Explain answer:       |

**Completion of Investigation Transmittal Form (continued)** Rem#:

**Part II: Site Summary (continued)**

**Findings (continued)**

|  |
| --- |
| List ecological receptors identified:      If identified, was assessment of risk to ecological receptor(s) completed? [ ]  Yes [ ]  No [ ]  N/AIf yes or no, explain:       |

LEP Certification

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| --- |
| “I have personally examined and am familiar with the information contained in this transmittal form and all referenced and attached supporting documentation, and I conclude and approve the information demonstrates that the investigation of the above referenced parcel has been completed in accordance with prevailing standards and guidelines. My professional services have been rendered in accordance with the ‘Rules of Professional Conduct’ (Section 22a-133v-6 of the Regulations of Connecticut State Agencies).” |
|       |  |       |
| Printed Name of LEP |  | License Number |
|  |  |       |
| Signature of LEP |  | Date |
| Company:      Address:      City/Town:       State:    Zip Code:      -    Phone:    -   -     |
|  Affix Seal Here |
| e-mail:       |  |

Upload to the Connecticut Secure File Transfer (SFT) website (<https://sft.ct.gov>) the [Electronic Transmittal Form](https://portal.ct.gov/-/media/DEEP/site_clean_up/sites/ElectronicDocumentTransmittalFormdocx.docx) (page 1), theCOI Transmittal Form*,* the Completion of Investigation Report, and all supporting documents.