

**Environmental Condition Assessment Form (ECAF)**

This form must be certified by the responsible party, owner, or certifying party, as applicable. The ECAF is to be a stand-alone document; do **not** reference any attachments with the exception of maps and receptor surveys. For detailed directions on completing each part of the ECAF, refer to the [instructions](https://portal.ct.gov/-/media/DEEP/site_clean_up/property_transfer_program/ECAF/ECAFinstpdf.pdf).

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| Check the box to indicate the program for which this form is being submitted:  REM#  GIS#  DEEP Use Only  Connecticut General Statutes (CGS) § 22a-134a(a)-(e),Property Transfer filing  CGS section 22a-133x, Voluntary Remediation  Brownfield Program (specify)  ECAF for:  Entire Property  Release Area  Portion of Property  Business Only |

## Part I: Site Identification

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| 1. Name of Site:  Street Address:  City/Town:       State: CT Zip Code:      - | |
| 2. Description in Property Deed:  Recorded on page       in volume       of the Town of       land records,  as lot      , block      , on map       in the Tax Assessor's Office or Parcel ID      . | |
| 3. Site Details: Total Acreage:       Latitude & Longitude (Decimal Degrees):      ,  Acres Undeveloped:       Building Footprint Square Footage: | |
| 4. Provide a location map that is based on a USGS quadrangle and shows the location of the site delineating the limits of the property and an area extending at least ½-mile from the property line in all directions. | |
| 5.Include a site plan(s) depicting the entire property with the following, shown to scale, and a legend: | |
| * current and historical structures and boundaries * hazardous waste and solid waste management areas * areas of operation, areas of concern, release areas * UST and AST locations * septic systems * water supply wells | * monitoring wells * groundwater flow direction * limits of groundwater plume * sampling locations * extent of remediation, if known |

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| Site Address:      , |

**Part II: Contact Information**

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| 1. Business/person submitting this form:  Business Name:  Authorized Representative:  Title:  E-mail Address:  Mailing Address:  City/Town:       State:    Zip Code:      -  Business Phone:    -   -     Ext. |
| 2. Person who will serve as primary technical contact:  Primary Contact:  Firm Name:  E-mail Address:  Mailing Address:  City/Town:       State:    Zip Code:      -  Business Phone:    -   -     Ext. |
| 3. Owner of the parcel:  Name:  E-mail Address:  Mailing Address:  City/Town:       State:    Zip Code:      -  Business Phone:    -   -     Ext. |

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| Site Address:      , |

**Part III: Documentation**

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| List the documentation on which the information submitted on this form is based. Do **not** reference attached documentation in lieu of completing this form.   |  |  |  |  | | --- | --- | --- | --- | | **Title** | **Date** | **Consultant** | **On File / Provided** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| Site Address:      , |

**Part IV: Site History**

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| 1. DEEP Program Involvement:  **Previous Filings**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Type** | **Rem#** | **Date Filed** | **LEP/DEEP** | **Status** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Verifications**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Type** | **Ver#** | **Rem#** | **Date Submitted** | **Effective Date of Verification** | **Status** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Significant Environmental Hazard (SEH) Notifications**   |  |  | | --- | --- | | **Notification Date** | **Resolution Date** | |  |  | |  |  | |  |  |   Enforcement Action by EPA:  Yes  No Enforcement Action by DEEP:  Yes  No  **List EPA/DEEP Enforcement Action(s)**.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Number** | **Type** | **Date** | **Responsible Party** | **Status** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Other DEEP involvement:  Yes  No. [Briefly describe, including timeframes (limit 300 characters)]: |
| 2. Current and historical RCRA notifier status:   |  |  |  | | --- | --- | --- | | **Notifier Status** | **Time Period** | **Permit Status** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Site Address:      , |

**Part IV: Site History (continued)**

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| 3. Releases of petroleum or chemicals reported to DEEP:  Yes (list details below)  No   |  |  |  | | --- | --- | --- | | **Location** | **Date Reported** | **Material and Quantity Released** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| 4. Briefly summarize the current and historical industrial and/or commercial use(s) of the site, including dates. If a Final Verification has previously been submitted and is in good standing (No-Audit or Audited and Accepted), summarize the site use after the Effective date of the Final Verification (limit 1,200 characters): |
| 5. Briefly summarize the hazardous waste, hazardous substances, and petroleum products presently or formerly handled at the site, or handled at the site after the Effective date of a valid Final Verification previously filed. Include materials, volumes / quantities, and management methods (limit 1,200 characters): |

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| Site Address:      , |

**Part IV: Site History (continued)**

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| 6. Emerging Contaminant Consideration  Sampling for [emerging contaminants](https://portal.ct.gov/DEEP/Remediation--Site-Clean-Up/Contaminants-of-Emerging-Concern/Contaminants-of-Emerging-Concern) must be considered at sites or near areas where the following activities may have occurred or where related wastes have come to be located. Check any of the following historical business operations, land uses, or known releases that occurred at the site. Use the last bullet to indicate if other emerging contaminants not listed were used onsite and provide the contaminant name and associated site use.   |  |  | | --- | --- | | Chemical production/manufacturing (PFAS & 1,4-Dioxane)  Production, industrial/commercial application and/or bulk storage of coatings, waxes, paints, varnishes, inks, dyes, sealants, lubricants, adhesives, resins, and oil and water repellent coatings and finishes (PFAS & 1,4-Dioxane)  Production, use and/or storage of institutional cleaners, floor finishes, sealers, and/or waxes (PFAS & 1,4-Dioxane)  Dry cleaning, including non-PCE systems (PFAS)  Metal plating and finishing, including mist suppression in plating (PFAS)  Etching (metal, glass, and plastic) (PFAS)  Application of wire coating (PFAS)  Plastics, polymer, or rubber production (PFAS & 1,4-Dioxane)  Manufacturing of medical implants, devices, fabrics, equipment and supplies, including x-ray film (PFAS)  Industrial/commercial photography, lithography, diagnostic image processing, film production and processing (PFAS & 1,4-Dioxane)  Production, industrial or commercial use and/or storage of antifreeze, including aircraft deicing and vehicle repair/maintenance (1,4-Dioxane)  Vehicle washing and detailing (PFAS & 1,4-Dioxane)  Manufacturing of automotive and aviation parts, including auto interior textiles, gaskets, hoses, insulation, etc. (PFAS) | Production, industrial or commercial use and/or storage of automotive fluids including brake fluids, brake cleaning fluids, loosening fluids, & rust removers (1,4-Dioxane)  Sites where chlorinated solvents and/or degreasers were used (1,4-Dioxane)  Locations where Class B firefighting foams (AFFF) may have been used or spilled, such as firefighting training areas, fire stations, aviation facilities, rail yards, building fire suppression systems, fuel terminals, chemical plants, current or former DoD sites, and aircraft, train, and motor vehicle crash sites (PFAS)  Electronics, semiconductors, and aerospace manufacturing (PFAS & 1,4-Dioxane)  Manufacturing of pharmaceuticals, cosmetics, and personal care products (PFAS & 1,4-Dioxane)  Landfills, wastewater treatment plants, recycling & material recovery, junkyards, paper/cardboard composting (PFAS & 1,4-Dioxane)  Manufacturing and processing of textiles, including upholstery, carpets, awnings firefighting protective gear, automotive, industrial, outdoor and medical textiles. (PFAS & 1,4-Dioxane)  Manufacturing of packaging, paper, and cardboard, including coated packaging (PFAS & 1,4-Dioxane)  Manufacturing and use of munitions, explosives, and propellants (PFAS & Perchlorate)  Biosolids or biosolid-based fertilizer applications (PFAS)  Manufacturing of pesticides or fertilizers (PFAS & 1,4-Dioxane)  Leather tanning and finishing (PFAS)  Unknown. Phase I ESA not completed  Other emerging contaminants/uses: |   Was the potential presence of emerging contaminants evaluated?  Yes  No\*  Were lab analyses for emerging contaminants done?  Yes  No\*  \* Provide explanation for "No" answers: |

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| Site Address:      , |

**Part V: Environmental Setting – Physical**

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| 1. **Geologic and Hydrogeologic Summary:**  Overburden Material:       Depth to Water Table:  Bedrock Type:       Depth to Bedrock:  Is the seasonal low water table below the elevation of the bedrock surface?  Yes  No  Horizontal Groundwater Flow Direction:       Vertical Groundwater Flow Direction:  Groundwater Flow Rate:       ft/year Hydraulic Conductivity:       ft/ day |
| 2. **Surface Water:**  Identify the nearest downgradient surface water body:  Distance to surface water:  Surface water classification: |
| 3. **Ecological Considerations** (check all that apply):  Ecological Risk Assessment Completed:  Yes (Date      )  No  Level of Assessment:  Scoping  Screening  Full  Further Assessment Needed:  Yes  No |

**Part VI: Environmental Setting – Cultural**

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| 1. **Surrounding Land Uses** (check all that apply within ¼ mile of the site):  Industrial  Commercial  Residential  Agricultural  Healthcare Facility  School  Childcare Facility  NDDB site  Sensitive Water Resources  Recreational |
| 2. **Sensitive On-site Land Uses** (check all that apply):  Residential  Healthcare Facility  School  Childcare Facility  NDDB site  Sensitive Water Resources  Recreational |
| 3. **Groundwater:**  Groundwater classification:  GAA  GA  GB  GC  On-site groundwater use:  drinking water  agricultural  industrial  none  Distance from the site to the nearest off-site water supply well and the address of the property on which that well is located:  Is the on-site water supply well a public water supply regulated by DPH?  Yes  No  Potable Well ID:  Is the site within the zone of contribution to a public water supply well?  Yes  No  Potable Well ID:  Is the site within an Aquifer Protection Area?  Level A  Level B  No |

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**Part VI: Environmental Setting – Cultural (continued)**

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| 4. **Public Utilities:**  Is public water provided to the site?  Yes  No  Is public water available to all developed areas within ¼ mile of the site?  Yes  No  Are or have on-site drinking water wells been used at the site?  Yes  No  If yes, dates in use:  Is the site connected to municipal sewers?  Yes  No  Have on-site septic systems or drywells been used at the site?  Yes  No  If yes, dates in use: |
| 5. **Potential Exposure Pathways:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Receptor Type** | **Yes** | **No** | **Unknown** | **SEH Identified** | **Date SEH Abated** | | Public Well |  |  |  |  |  | | Private Well |  |  |  |  |  | | Aquifer Protection Area |  |  |  |  |  | | Direct Exposure (soil) |  |  |  |  |  | | Vapor Intrusion |  |  |  |  |  | | Sediment |  |  |  |  |  | | Surface Water |  |  |  |  |  | |
| 6. **Receptor Surveys** (attach copy of survey):  Potable well receptor survey (radius in feet:  500  1,000  >1,000)  Vapor intrusion pathway survey (location:  on-site  off-site)  Surface water receptor survey (proximity to water body in feet:  <500  <1,000  >1,000)  *Note:*  If information in Part VI.1. through 5. is not complete at the time of this ECAF, DEEP is more likely to maintain oversight because of the potential for risk to receptors.  If information in Part VI.1. through 5. **is** complete and there is a conceptual site model that indicates the potential for off-site migration of contaminants, a comprehensive receptor survey(s) is also warranted. Attach a copy of the receptor survey(s) to the ECAF. If a receptor survey(s) has not been completed at the time of this ECAF, DEEP is more likely to maintain oversight because of the potential for risk to receptors. |

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| Site Address:      , |

**Part VII: Environmental Assessment**

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| 1. **Phases of environmental investigation / remediation completed to date** (provide dates in MM/YYYY format):  Investigation conducted: Phase 1       Phase 2       Phase 3  Remedial design (RAP)       Public Notice  Remediation initiated (first release area)       Remediation completed (last release area)       Post-remedial monitoring initiated       Natural attenuation monitoring initiated |
| 2. **Soil Investigation:** How many soil samples were analyzed versus the number of samples where pollution was detected? Shallow soil (0-2 feet deep)      /      Soil >2 feet deep      / |
| 3. **Soil Vapor Investigation:** How many soil vapor samples were analyzed versus the number of samples where pollution was detected? Soil vapor      / |
| 4. **Sediment Investigation:**  Completed ( Impact  No impact)  Pending  Unknown if needed  Not needed; Explain: |
| 5. **Groundwater Investigation:**  How many monitoring wells were used to investigate the groundwater?  Number of overburden wells       Number of bedrock wells  Is the three-dimensional extent of each groundwater plume resulting from releases at the site fully delineated?  Yes  No  Extent of plume distribution:  Overburden:  On-site  Off-site  NAPL  unknown  Bedrock:  On-site  Off-site  NAPL  unknown  Potential:  On-site  Off-site  NAPL  unknown  How many rounds of sampling have been conducted?  Comments: |
| 6. **Surface Water Investigation:**  Completed ( Impact  No impact)  Pending  Unknown if needed  Not needed |
| 7. **Data Gap Evaluation:**  Completed  Pending  Data gaps remaining:  Significant  Insignificant  None  Briefly describe work remaining to be conducted to resolve data gaps (limit 500 characters). |

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| Site Address:      , |

**Part VIII: Contaminants in the Environment**

List all AOCs, including the material and quantities released. List the maximum analyte concentrations >RSRs (or APS Fast-Track) and the depth from which that sample was collected. Refer to the examples in the [instructions](https://portal.ct.gov/-/media/DEEP/site_clean_up/property_transfer_program/ECAF/ECAFinstpdf.pdf). See Contaminant Abbreviations Table in the instructions for contaminant codes. Attach additional pages if needed.

| **Area of Concern and Name** | **Material, Quantity, and Date Released** | **Phases of Investigation Completed** | **Contaminants of Concern** | **List All Analytes Detected in Soil** | **Analytes Detected in Soil [Sediment]** **>RSRs**  **(Max. Conc. and Depth)** | **Volatilized Analytes Detected in Soil Vapor (Max. Conc.)** | **List All Analytes Detected in Groundwater** | **Analytes Detected in Groundwater >RSRs**  **(Max. Conc. and Depth)** | **Remediation Status and Date** |
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| **Additional Contaminant** | **Abbreviation** |
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**Key**

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| NT | not tested |
| UNK | unknown |
| < > | background / naturally occurring |
| [ ] | sediment |
| O | overburden |
| B | bedrock |

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| Site Address:      , |

**Part IX: LEP Information**

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| Licensed Environmental Professional (LEP):  “This form was prepared under my supervision, as a LEP, pursuant to CGS Section 22a-134(17) for Property Transfer and Voluntary Remediation Program sites. 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).” | | | | | | |
|  |  |  |  |  |  |  |
| Signature of LEP | | | LEP # |  | Date |  |
| Print or type LEP Name:  Firm Name:  E-mail Address:  Mailing Address:  City/Town:       State:    Zip Code:      -  Business Phone:    -   -     Ext. | | | | | | |

**Part X: Certification**

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| Certifying Party (for purposes of the Property Transfer Act, CGS Section 22a-134a) or Other Party (for purposes of CGS Section 22a-133x or other law):  "I have personally examined and am familiar with the information submitted in this document, and certify that based on reasonable investigation the submitted information is true and accurate to the best of my knowledge and belief." | | | | | | | |
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| Authorized Signature (as specified in instructions) | | | Date | |  | | |
|  |  |  |  | | |  | |
|  | Name of Authorized Representative |  | Title (if applicable) | | |  | |
| Represented Party:  Mailing Address:  City/Town:       State:    Zip Code:      -  Phone:    -   -     Ext. | | | | | | | |
| STATE OF  COUNTY OF       Town  The foregoing was subscribed to and sworn to before me this       day of      , 20  , by       (Name of Signatory, Title and Company, if applicable), who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, executed the foregoing instrument for the purposes therein contained. | | | | | | | |
|  |  | |  |  | | |  |
| Signature of Notary/Commissioner of Superior Court  My commission expires   /  /    . | | |  | Name of Notary/Commissioner of  Superior Court | | |  |