### Remedial Action Plan Transmittal Form

**DEPARTMENT OF ENERGY AND**

**ENVIRONMENTAL PROTECTION**

**BUREAU OF WATER PROTECTION AND LAND REUSE**

**REMEDIATION DIVISION** [**www.ct.gov/deep/remediation**](http://www.ct.gov/deep/remediation)

This form is a summary document to transmit a Remedial Action Plan (the [Electronic Document Transmittal Form](https://portal.ct.gov/-/media/DEEP/site_clean_up/sites/ElectronicDocumentTransmittalFormdocx.docx) must be the cover page). When the use of this transmittal form is required or requested by the Commissioner, a Remedial Action Plan approved in writing by the LEP, a copy of public notification of remediation, as well as all other documentation that demonstrates all applicable laws and regulations have been complied with, is to be attached to this transmittal form.

Part I of this form must be completed and signed by the Party responsible to submit a Remedial Action Plan for the remediation of the parcel in accordance with the remediation standards. Part II of this form is to be completed and signed and sealed by a licensed environmental professional (LEP).

All sections of this form must be filled out, as applicable.

###### Part I: General Information

 Remediation ID No. (Rem#):

## Site Identification

|  |
| --- |
| Site/Establishment Name (as on Form III):      Site/Establishment 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. |

|  |
| --- |
| ***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[ ]  CGS section 22a-133y, Voluntary Remediation (leave Rem# blank)[ ]  Other (specify)       |

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), followed by the[RAP](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/LandUse_General_Permits/Remediation_General_Permits/RemAerobicregdoc.doc) Transmittal Form*,* the Remedial Action Plan, copies of the Public Notice, and all supporting documents.

**Remedial Action Plan Transmittal Form (continued)** Rem#:

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

The following documentation must be attached to this form. Check boxes, as applicable, to verify that the documentation has been submitted with this form.

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| **[ ]  Remedial Action Plan -** in accordance with CGS Section 22a-134a(g)(1) |
|  Dated: |       | Prepared by:       |
| **[ ]  Public Notice of Remediation -** in accordance with RCSA section [22a-133-k-1(d)(1)](https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_22aSubtitle_22a-133k/) and/or CGS Section 22a-134a(i) |
| [ ]  copy of published notice in newspaper |
| **[ ]**  copy of notice to local Director of Health |
| Check the applicable box if additional public notice requirements were implemented and provide documentation. | [ ]  sign erected on establishment |
| [ ]  copies of the notice of remediation mailed to abutting property owners  |
| *Note: Certifying Party must provide copies of any written public comments and responses.* |

**List all applicable documentation and attach to this form.**

|  |  |  |
| --- | --- | --- |
| **Document** | **Dated** | **Prepared by** |
|       |       |       |
|       |       |       |
|       |       |       |

**Certification**

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| “I submit this form and attached remedial action plan approved by a licensed environmental professional. I shall apply for all permits and approvals that are necessary to carry out the remedial actions, and I shall ensure that any necessary permit applications are complete and that the issuance of any such permit and/or approval will be diligently pursued." |
|       |  |       |
| Printed Name of Authorized Signatory  |  | Title |
|  |  |       |
| Signature of Authorized Signatory |  | Date |
| Representing (Name of Company):      Address:      City/Town:       State:    Zip Code:      Phone:      Email:       |

**Remedial Action Plan Transmittal Form (continued)** Rem#:

**Part II: Remedial Action Plan Summary**

##### To be completed by the LEP

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| **Groundwater Classification:**      |
| **Soil: Concentrations of Pollutants in Excess of RSR Criteria:** |
| Criterion Exceeded | Remedial Measure |  | COC |
| [ ]  | PMC | [ ]  | In-situ | [ ]  | Non-chlorinated VOCs |
|  | [ ]  GA | [ ]  | Excavation / on-site re-use | [ ]  | Chlorinated VOCs |
|  | [ ]  GB | [ ]  | Excavation & removal | [ ]  | Metals |
|  |  | [ ]  | Engineered Control | [ ]  | PAHs |
| [ ]  | DEC |  | Date of Commissioner Approval:      | [ ]  | SVOCs |
|  | [ ]  Res | [ ]  | ELUR | [ ]  | PCBs |
|  | [ ]  I / C | [ ]  | RSR exemption | [ ]  | ETPH |
|  |  | [ ]  | RSR Alternative Criteria  | [ ]  | Pesticides |
|  |  |  | Date of Commissioner Approval:      | [ ]  | Other (specify):       |
|  |  | [ ]  | Other (specify):       |  |  |
| **Groundwater: Concentrations of Pollutants in Excess of RSR Criteria:** |
| Criterion Exceeded | Remedial Measure |  | COC |
|  | [ ]  | Pump & Treat | [ ]  | Non-chlorinated VOCs |
| [ ]  | GWPC | [ ]  | Air Sparging / Vapor extraction | [ ]  | Chlorinated VOCs |
| [ ]  | Volatilization | [ ]  | Dual-Phase | [ ]  | Metals |
| [ ]  | SWPC | [ ]  | Monitored natural attenuation | [ ]  | PAHs |
|  |  | [ ]  | ELUR | [ ]  | SVOCs |
|  |  | [ ]  | RSR exemption | [ ]  | PCBs |
|  |  | [ ]  | RSR Alternative Criteria  | [ ]  | ETPH |
|  |  |  | Date of Commissioner Approval:       | [ ]  | Pesticides |
|  |  | [ ]  | Other (specify):       | [ ]  | Other (specify):       |

**Remedial Action Plan Transmittal Form (continued)** Rem#:

**Part II: Remedial Action Plan Summary (continued)**

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| **Vapor Intrusion:** |
| Remedial Measure | **[ ]**  | sub-slab depressurization |
| **[ ]**  | vapor barrier |
| **[ ]**  | indoor-air monitoring |
|  | Date of DPH Commissioner Approval of such plan:       |
| **NAPL present:** | **[ ]**  | Overburden | **[ ]** Bedrock | **[ ]** None |
| **Other** (specify):       |

LEP Approval

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| "I have personally examined and am familiar with the information in the remedial action plan summary of this transmittal form, and I approve the attached remedial action plan. 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 |
| Email:       |  |