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| Attach this form and the sample results, including a copy of the field data sheets, and a site map showing injection and monitoring locations to the [Electronic Submittal Form](https://portal.ct.gov/DEEP/Remediation--Site-Clean-Up/Transmittal-of-Documents) and upload them to the Connecticut Secure File Transfer (SFT) website. | **DEEP REMEDIATION USE ONLY** |
| **SITE**:Site Name:      Address:      City/Town:       | RemID  |
| **PERMIT**:A. This report is for monitoring conducted to meet the requirements of (check one):[ ]  A Temporary Authorization (TA) [ ]  A General Permit (GP) specify:[ ]  An Emergency Authorization (EA) [ ]  Aerobic Degradation[ ]  An Individual Discharge Permit [ ]  Chemical Oxidation [ ]  Anaerobic DegradationB. Existing permit/authorization/registration ID [ ]  Other:   |
| **PERMITTEE/REGISTRANT**:Name: Organization:  |
| **CONTACT FOR QUESTIONS**:Name: Organization: Phone: E-mail:  |
| **MONITORING PERIOD COVERED** (up to two weeks of monitoring may be reported on one form):Date(s) monitoring conducted: ENTER START DATE ENTER END DATE. |
| **MONITORING OUTCOME**:[ ]  Yes [ ]  No Monitoring resulted or should have resulted in a notification to DEEP or a contingency or response action pursuant to the work plan or permit. |
| **MONITORING CONDUCTED** (check **all** that apply):[ ]  Water Supply Wells [ ]  Other Receptors [ ]  Zone of Influence (ZOI) perimeter[ ]  Results/Process within ZOI [ ]  Other:  |
| **MONITORING SUMMARY**: Yes No  [ ]  [ ]  Field parameters were monitored as specified in the monitoring plan. [ ]  [ ]  Field parameter data were evaluated. DATE EVALUATED [ ]  [ ]  Field parameter data disclosed no actionable results.  [ ]  [ ]  Laboratory analytical parameters were monitored as specified in the monitoring plan. [ ]  [ ]  Laboratory analytical data were evaluated DATE EVALUATED [ ]  [ ]  Laboratory analytical data disclosed no actionable results. Comments:  |
| **CERTIFICATION**:“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I certify that this report is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the Connecticut General Statutes, pursuant to section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.”  |
|  |  |  |
| Signature of Permittee  | Date |
|  |  |  |
| Printed Name of Permittee  | Title (if applicable) |
|  |  |  |
| Signature of Preparer (if different than above) | Date |
|  |  |  |
| Name of Preparer (print or type) | Title (if applicable) |