|  |  |
| --- | --- |
| Complete and submit this form, accompanied by attachments as requested, to meet the requirement under [CGS section 22a-6u(k)(2)](https://www.cga.ct.gov/current/pub/Chap_439.htm#sec_22a-6u) to provide a description of any continuing actions being taken to monitor, mitigate, or abate a Significant Environmental Hazard condition in surface soil. |  |
| Part I – Site IdentificationIdentify the parcel at which a Significant Environmental Hazard (SEH) condition was identified: |  |
| RemID# **DEEP Use Only** SEH# |

Name of Site:

Address or Location:

City/Town:       State: CT Zip Code:

Date(s) DEEP was notified:       DEEP Case Manager (if known):

#### Part II – SEH Information

1. **SEH Condition Reported**

30x Industrial/Commercial Direct Expose Criteria (DEC) (for industrial/commercial use, i.e.

non-residential)

15x Industrial/Commercial DEC (for metals or PCBs at industrial/commercial properties that are within 300 feet of a current residential use)

15x Residential DEC (for current residential use)

1. Has the extent of the SEH condition been fully delineated horizontally and vertically in the top two feet of soil, pursuant to CGS section 22a-6u(d)(3)(A)?

Yes  No  Date report delineating SEH condition submitted:

1. A site map is attached depicting the specific locations and extent of the soil contamination, including contaminant concentrations that exceed SEH notification thresholds.

#### Part III – SEH Mitigation Status Update

Describe any steps being taken to delineate, monitor, mitigate, and/or abate the SEH condition and any proposed future actions, pursuant to CGS section 22a-6u(d)(3).

1. **Report Frequency**
2. Annual reports are due on **June 1st** of each year using this form. This submittal is the annual report.
3. **In the event that mitigation measures fail, a supplemental report, using this form, is required within 30 days of discovery of such event and must describe how this condition was addressed in C.4. below.** This submittal is a supplemental report.
4. **SEH Mitigation**
   1. Area that exceeds SEH soil notification thresholds is:

Covered by pavement maintained in good condition yes  no

Fenced off from the general public yes  no

Identified by posted warning signs yes  no

* 1. Provide any additional details of the mitigation measures taken to prevent exposure to the contaminated soil exceeding the SEH notification threshold. check if none

|  |
| --- |
|  |

1. **Inspection and Maintenance of Mitigation Measures**
   1. List dates of inspection since last annual report (mm/dd/yy):

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

* 1. Checklist for inspection of mitigation measures for most recent inspection:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | NA | Cracking of asphalt or concrete? |
| Yes | No | NA | Changes in surface profile (settling, potholes, roots)? |
| Yes | No | NA | Exposed geotextile membrane or soil erosion? |
| Yes | No | NA | New construction, paving, or landscaping? |
| Yes | No | NA | Opening in fence that could allow access? |
| Yes | No | NA | Warning signs present and legible? |
| Yes | No | NA | Other conditions - describe: |

* 1. Provide current photo documentation of mitigation measures.

Date of photos:       Photos Attached

* 1. Describe any maintenance of mitigation measures that has been completed since the last report.

check if none

|  |
| --- |
|  |

#### Part IV – SEH Abatement Update

**A. Abatement Status**

1. SEH condition has been abated (complete Part IV.B.)
2. Date abatement plan (to be) submitted:
3. Anticipated date of completion of abatement:

**B. Abatement Details**

1. SEH condition has been abated such that notice would not be required under CGS section   
   22a-6u(k)(3) by:

Removal of soil above notification threshold values in the top two feet of soil.

Rendering the soil inaccessible as defined in the Remediation Standard Regulations (“RSRs,” sections 22a-133k-1 through -3 of the Regulations of Connecticut State Agencies).

Remediation of the release in accordance with the RSRs.

1. A report describing actions taken to permanently abate the SEH condition is attached.
   1. A table of analytical data that are the basis for determining that a SEH condition no longer exists is included in the attached report.
   2. A site map indicating the location of samples identifying that the SEH condition has been fully abated is included in the attached report.
2. If a report(s) has (have) already been submitted that documents the abatement of the SEH condition, list the reports below for reference. Check If None

| Report Name | Preparer | Submittal Date (mm/dd/yy) | DEEP Unit Name  (where submitted) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### Part V – Party Identification and Contact Information

1. **Site Owner** Has this information changed? Yes  No

Owner Name:

Contact Person:       Title:

Contact E-mail:       Contact Phone:      Ext.

Mailing Address:

City/Town:       State:   Zip Code:

1. **Environmental Consultant** Has this information changed? Yes  No

Name:       Title:

Firm:

E-mail:       Phone:       Ext.

Mailing Address:

City/Town:       State:    Zip Code:

1. **Entity Acting on Behalf of the Owner** Has this information changed? Yes  No

*If the person signing this form is not the site owner, describe that person’s relationship to the site and its owner and enter contact information below. If an entity who is not the site owner is acting on behalf of the owner to mitigate or abate the hazard condition, provide details of this agreement.*

|  |
| --- |
|  |

Contact Name:

Contact Person:       Title:

Contact E-mail:       Contact Phone:       Ext.

Mailing Address:

City/Town:       State:    Zip Code:

#### Part VI – Signature of Property Owner or Entity Acting on Owner’s Behalf

|  |  |
| --- | --- |
| **“I have personally examined and am familiar with the information submitted in this document and all attachments, and certify that based on reasonable investigation the submitted information is true and accurate to the best of my knowledge and belief. I certify that this form is complete and accurate as prescribed by the Commissioner without alteration of the text.”** | |
| Name:  Signature | Title (if applicable):  Date: |

Send completed form to: Remediation Division

<Attn: Case Manager, if known>

Department of Energy and Environmental Protection

79 Elm Street

Hartford, CT 06106-5127