**Landfill Groundwater Monitoring Status Update Form**

Complete this form, accompanied by attachments to meet the Permit or Order requirements for continuing actions being taken to monitor groundwater conditions at landfills. Use the [Electronic Document Transmittal Form](https://portal.ct.gov/-/media/DEEP/site_clean_up/sites/ElectronicDocumentTransmittalFormdocx.docx) as the cover page for this form and attachments and upload it to <https://sft.ct.gov/>.

**Name of Landfill:**

**Address or Location:**

**City/Town:**       **State:** CT **Zip Code:**

**Solid Waste Permit#:**       **Date of Issuance:**

**Order #**       **Date of Issuance:**

#### Part II – Contact Information

1. **Owner of the Landfill:**

**Mailing Address:**

**City/Town**       **State:**       **Zip Code:**

**Business Phone:**      

**Contact Person:**       **Email address:**

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

Name:       Title:

Firm:

E-mail address:       Phone:      Ext.

Mailing Address:

City/Town:       State:    Zip Code:

|  |  |
| --- | --- |
| “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: |

**Part III – Submitted Documentation**

1. **Year Data Collected:**
2. **Reports:**

1st Quarter  2nd Quarter  3rd Quarter  4th Quarter

1st Semiannual  2nd Semiannual

Annual  Other: specify:

1. **Sampling performed:**   Drinking Water Wells

Surface Water

Ground-water Monitoring Wells

Significant Environmental Hazard Notification

Date of Acknowledgement:

Date of Certification:

**Part IV- Primary Constituents of Concern**

| **Pollutant** | **Concentration**  **(units)** | **Detected in Monitoring Well (well ID)** | **Detected in Supply Well**  **(address)** |
| --- | --- | --- | --- |
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**Part V- Emerging Contaminants**

1. 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 Level of 3.0 µg/L for drinking water and 50 µg/L for dermal contact?

Yes  No  N/A

If no, explain:

1. Was analysis for PFAS conducted using EPA Draft Method 1633? Yes  No

If PFAS were detected in groundwater, were they evaluated in light of the following [CTDPH established Action Levels](With%20hyperlink%20to%20https:/portal.ct.gov/DEEP/Remediation--Site-Clean-Up/Contaminants-of-Emerging-Concern/PFAS-Information-for-Environmental-Professionals#al) for drinking water: 6:2 Cl-PFESA (2 ppt); 8:2 Cl-PFESA (5 ppt); HFPO-DA (19 ppt); PFBS (760 ppt); PFBA (1800 ppt); PFHxS (49 ppt); PFHxA (240 ppt); PFOS (10 ppt); PFOA (16 ppt); and PFNA (12 ppt)?

Yes  No

If no, explain:

#### Part VI – Site Summary

1. **Groundwater Classification**

GAA  GA  GB

1. **Nearest surface water body name:**       **Distance from landfill:**
2. **Potable Well Receptor Survey / Assessment. Date completed:**       **Radius:**
3. **Nearest drinking water supply well address:**

**Tested:**   Yes  No

1. **On-site Ground-water Use** (check all that apply)**:**

Industrial  Irrigation  Potable Water  None

1. **Abutting land uses** (check all that apply):

Industrial  Commercial  Residential  Agricultural

1. **Sensitive receptor land use within 500 feet** (check all that apply)**:**

School  Childcare Facility Healthcare Facility  Recreational

Other (specify):

**H. Average Depth to Water Table:**       **General Ground-water Flow Direction:**

1. **Bedrock Type:**
2. **Site Map**

Attach a map showing the following, as available: monitoring well locations, the extent of the groundwater plume, the identified drinking water wells within 500 feet. Map Attached