**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)** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**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%3A/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 [ ]