



STATE OF CONNECTICUT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER PROTECTION AND LAND REUSE
 REMEDIATION DIVISION
 79 ELM STREET, HARTFORD, CT 06106-5127
 (860) 424-3705 www.ct.gov/dep/remediation

ENVIRONMENTAL CONDITION ASSESSMENT FORM (ECAF)

This form must be certified by the responsible party, owner, or certifying party, as applicable. This certification attests that the information contained in the ECAF is correct and accurate to the best of such party's knowledge. For detailed directions on completing each part of the ECAF, refer to the instructions. The ECAF is to be a stand-alone document; do not reference attachments, with the exceptions of maps and receptor surveys.

Check the box to indicate the program for which this form is being submitted:

- Connecticut General Statutes (CGS) section 22a-134a(a)-(e), Property Transfer filing
- CGS section 22a-133x, Voluntary Remediation
- Other (specify)

ECAF submitted for Entire Property or Release Area

DEP USE ONLY
 Date and File Room Stamp

RemID#:

Part I: Site Identification

1. Name of Site:

Street Address:

City/Town:

State:

Zip Code:

-

2. Description in Property Deed:

Recorded on page _____ in volume _____ of the Town of _____ land records, as lot _____,

block _____, on map _____ in the Tax Assessor's Office.

3. Site Details: Total Acreage:

Latitude & Longitude (Decimal Degrees):

Acres Undeveloped:

Building Footprint Square Footage:

4. Provide a location map that is based on a USGS quadrangle and shows the location of the site.

5. Include a site plan(s) with current and historical structures and boundaries, hazardous waste and solid waste management areas, areas of operation, areas of concern, release areas, UST and AST locations, septic systems, water supply wells, monitoring wells, groundwater flow direction, limits of groundwater plume, sampling locations, and extent of remediation, if known.

Site Address:

Part II: Contact Information

1. Business/person submitting this form:

Business Name:

Authorized Representative:

Title:

E-mail Address:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

Ext.

Fax: - -

2. Person who will serve as primary technical contact:

Primary Contact:

Firm Name:

E-mail Address:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

Ext.

Fax: - -

3. Owner of the parcel:

Name:

E-mail Address:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

Ext.

Fax: - -

Site Address:

Part IV: Site History

1. DEP Program Involvement:

Previous Filings

Type	Date	LEP / DEP Oversight

Verifications

Type	Date	Status

Significant Environmental Hazard (SEH) Notification

Notification Date	Resolution Date

Enforcement Action by EPA: Yes No / Enforcement Action by DEP: Yes No

[List Action(s) issued by EPA/DEP in table.]

Number	Type	Date	Responsible Party	Status

Other DEP involvement: Yes No. [Briefly describe, including timeframes (limit 300 characters)]:

2. Current and historical RCRA notifier status:

Notifier Status	Time Period	Permit Status

Site Address:

Part V: Environmental Assessment

1. Phases of environmental investigation / remediation completed to date (provide dates):
Investigation conducted: Phase 1 Phase 2 Phase 3
Remedial design (RAP) Public Notice
Remediation initiated (first unit) Remediation completed (last unit)
Post-remedial monitoring initiated Natural attenuation monitoring initiated
2. Soil Investigation: How many soil samples were analyzed versus the number of samples where pollution was detected? Shallow soil / Soil >2 feet deep /
3. Soil Vapor Investigation: How many soil vapor samples were analyzed versus the number of samples where pollution was detected? Soil vapor /
4. Sediment Investigation: Completed (Impact No impact)
 Pending Unknown if needed None
5. Groundwater Investigation:
How many sampling points/monitoring wells were used to investigate the groundwater?
Number of overburden wells Number of bedrock wells
Is there a plume on-site? Yes No
Is the three-dimensional extent of each ground-water plume resulting from releases at the site fully delineated? Yes No
Extent of plume distribution:
Overburden: On-site Off-site NAPL unknown
Bedrock: On-site Off-site NAPL unknown
Potential: On-site Off-site NAPL unknown
How many rounds of sampling have been conducted?
6. Surface Water Investigation: Completed (Impact No impact)
 Pending Unknown if needed None
7. Data gap evaluation: Completed Pending
Data gaps remaining: Significant Insignificant None
Briefly describe work remaining to be conducted (limit 500 characters).

Site Address:

Part VI: Environmental Setting – Physical

1. Geologic and Hydrogeologic Summary:

Overburden Material:

Depth to Water Table:

Bedrock Type:

Depth to Bedrock:

Is the seasonal low water table below the elevation of the bedrock surface? Yes No

Horizontal Groundwater Flow Direction:

Vertical Groundwater Flow Direction:

Groundwater Flow Rate:

Hydraulic Conductivity:

2. Surface Water:

Identify the nearest downgradient surface water body:

Distance to surface water:

Wetland permit ID number:

Surface water classification:

3. Ecological Considerations (check all that apply):

Further Assessment Needed: Yes No

Ecological Risk Assessment Completed: Yes (Date) No

Site Address:

Part VII: Environmental Setting – Cultural

1.a. Surrounding Land Uses (check all that apply):

Industrial Commercial Residential Agricultural

b. Sensitive Surrounding Land Uses (check all that apply):

Residential Healthcare Facility School Childcare Facility
 NDDDB site Sensitive Water Resources Recreational

2. Sensitive On-site Land Uses (check all that apply):

Residential Healthcare Facility School Childcare Facility
 NDDDB site Sensitive Water Resources Recreational

3. Groundwater:

Groundwater classification: GAA GA GB

On-site groundwater use: drinking water agricultural industrial

Distance from the site to the nearest off-site water supply well and the address of the property on which that well is located:

Is the on-site water supply well a public water supply regulated by DPH? Yes No

Is the site within the zone of contribution to a public water supply well? Yes No

Is the site within an Aquifer Protection Area? Level A Level B No

4. Public Utilities:

Is public water provided to the site? Yes No

Is public water available to all developed areas surrounding the site? Yes No

Are or have on-site drinking water wells been used at the site? Yes No

If yes, dates in use:

Is the site connected to municipal sewers? Yes No

Have on-site septic systems been used at the site? Yes No

If yes, dates in use:

5. Potential Exposure Pathways:

Receptor Type	Yes	No	Unknown	Date SEH Abated
Public Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aquifer Protection Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Direct Exposure (soil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vapor Intrusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sediment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surface Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Site Address:

Part VII: Environmental Setting – Cultural (continued)

6. Receptor Surveys (attach copy of survey):

Potable well receptor survey (radius in feet: 500 1,000 >1,000)

Vapor intrusion pathway survey (location: on-site off-site)

Surface water receptor survey (proximity to water body in feet: <500 <1,000 >1,000)

Note:

If information in Part VII.1. through 5. (description of environmental setting) is not complete at the time of this ECAF, the DEP is more likely to maintain oversight because of the potential for risk to receptors.

If information in Part VII.1. through 5. is complete and there is a conceptual site model that indicates the potential for off-site migration of contaminants, a comprehensive receptor survey(s) is also warranted. Attach a copy of the receptor survey(s) to the ECAF. If a receptor survey(s) has not been completed at the time of this ECAF, the DEP is more likely to maintain oversight because of the potential for risk to receptors.

Site Address:

Part VIII: Contaminants in the Environment

List all AOCs and number of releases detected, including the material and quantities released. For the soil category, list the maximum concentrations of contaminants that reflect **current** site conditions (e.g., concentrations of contaminants in soil remaining after remediation). For groundwater, list **both** the maximum historic **and** maximum current contaminant concentrations. Refer to the examples below and the instructions. See Table 1 in the instructions for contaminant codes. Use the space provided, following the example below. If the space provided on one line is not sufficient, use the line below it to provide additional information.

Example Table:

AOC	Number of Releases Detected	Material and Quantity Released	Date of Release	Phases of Investigation Completed	Current Max COCs in Soil [Sediment] (Soil Vapor)	Historic Max COCs in Overburden / Bedrock Groundwater	Current Max COCs in Overburden / Bedrock Groundwater	COCs in Surface Water	Remediation Status and Date
Example - Tank Farm	2	No. 2 Fuel Oil (500gal) and dichromate wastewater (200gal)	10/4/97 & 7/15/85	I - 10/5/98; II - 7/9/00 III - 6/1/01	ETPH 1,000*ppm (5-6') and Cr 56ppm (5-7')	ETPH 150*ppb (O=5-15')	ETPH <100ppb (O=5-15')	ND	soil removed 9/1/01
Example - Dry Cleaning Machine	1	PCE	Prior to 11/13/98	I - 10/5/98; II - 7/9/00	PCE 500*ppm (0-2')	PCE 50*ppb (B=20-25')	PCE 40*ppb (B=20-25') 11DCE 15*ppb	Unknown	further investigation planned
Example - Dumpster	0	---	---	I - 10/5/98; II - 7/9/00	ND	ND	ND	ND	no further action

Key:

*	concentrations in excess of the RSR criteria
ND	not detected
NT	not tested
UNK	unknown
O	overburden
B	bedrock

Site Address:

Part IX: LEP Information

Licensed Environmental Professional (LEP):
 "This form was prepared under my supervision, as a LEP, pursuant to CGS Section 22a-134(17) for Property Transfer and Voluntary Remediation Program sites. 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)."

_____/_____/_____
 Signature of LEP LEP # Date

Print or type LEP Name:
 Firm Name:
 E-mail Address:
 Mailing Address:
 City/Town: State: Zip Code: -
 Business Phone: - - Ext. Fax: - -

Part X: Certification

Certifying Party (for purposes of the Property Transfer Act, CGS Section 22a-134a) or Other Party (for purposes of CGS Section 22a-133x or other law):
 "I have personally examined and am familiar with the information submitted in this document, and certify that based on reasonable investigation the submitted information is true and accurate to the best of my knowledge and belief."

_____/_____/_____
 Authorized Signature (as specified in instructions) Date

Name of Authorized Representative (print or type) Title (if applicable)
 Represented Party:
 Mailing Address:
 City/Town: State: Zip Code: -
 Phone: - -

STATE OF SS
 COUNTY OF Town

The foregoing was subscribed to and sworn to before me this day of , 20 , by (Name of Signatory, Title and Company, if applicable), who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, executed the foregoing instrument for the purposes therein contained.

 Signature of Notary/Commissioner of Superior Court Name of Notary/Commissioner of Superior Court
 My commission expires / / (print or type)