



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

DEEP 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.

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.

3. Owner of the parcel:

Name:

E-mail Address:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

Ext.

Site Address:

Part III: Documentation

List the documentation on which the information submitted on this form is based. Do not reference attached documentation in lieu of completing this form.

[illegible]

Site Address:

Part IV: Site History

1. DEEP Program Involvement:

Previous Filings

Type	Date	LEP / DEEP Oversight

Verifications

Type	Date	Status

Significant Environmental Hazard (SEH) Notification

Notification Date	Resolution Date

Enforcement Action by EPA: ☐ Yes ☐ No / Enforcement Action by DEEP: ☐ Yes ☐ No

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

Number	Type	Date	Responsible Party	Status

Other DEEP 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 IV: Site History (continued)

3. Releases of petroleum or chemicals reported to DEEP: ☐ Yes (list details below) ☐ No

Location	Date Reported	Material and Quantity Released

4. Briefly summarize the current and historical industrial and/or commercial use(s) of the site, including dates (limit 1,200 characters):

5. Briefly summarize the hazardous substances and petroleum products presently or formerly handled at the site, including materials, volumes / quantities, and management methods (limit 1,200 characters):

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 DEEP 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 DEEP 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

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

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. _____

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 (print or type) _____

My commission expires ____/____/____.