

Quarterly Groundwater Monitoring Report

<u>Reporting Period</u>
Quarter: _____
Year: _____

Submission Date: _____

Facility or Tank ID: _____

Leak ID: _____

I. Site History

1. What is the site currently used for?

<input type="checkbox"/> Gasoline station	<input type="checkbox"/> Hospital	<input type="checkbox"/> Railroad	<input type="checkbox"/> Truck/transporter
<input type="checkbox"/> Petroleum distributor	<input type="checkbox"/> Public/private school	<input type="checkbox"/> Utility	<input type="checkbox"/> Airport
<input type="checkbox"/> Auto dealership	<input type="checkbox"/> State/federal government	<input type="checkbox"/> Oil & Gas site	<input type="checkbox"/> Chemical facility
<input type="checkbox"/> Vacant or abandoned	<input type="checkbox"/> Other (identify): _____		

2. What was the site previously used for?

<input type="checkbox"/> Gasoline station	<input type="checkbox"/> Hospital	<input type="checkbox"/> Railroad	<input type="checkbox"/> Truck/transporter
<input type="checkbox"/> Petroleum distributor	<input type="checkbox"/> Public/private school	<input type="checkbox"/> Utility	<input type="checkbox"/> Airport
<input type="checkbox"/> Auto dealership	<input type="checkbox"/> State/federal government	<input type="checkbox"/> Oil & Gas site	<input type="checkbox"/> Chemical facility
<input type="checkbox"/> Vacant or abandoned	<input type="checkbox"/> Other (identify): _____		

II. Sensitive Receptors

List all receptors within a quarter mile of the facility or leak site. *If necessary, create and attach a table that contains the below information to accommodate more than ten receptors.*

Distance from facility (feet)	Direction from facility (example: S, NW)	Receptor Name	Receptor Type (example: school, residential, drinking water well)

III. Activities Completed During this Quarter

1. Was groundwater sampling performed on all wells?
 Yes No

2. Was groundwater sampling limited to a set of wells?
 Yes No

If yes, identify which wells were not sampled and why.

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III. Activities Completed During this Quarter (continued)

3. Were all wells gauged?

- Yes No, explain below

4. What is the range for depth to groundwater (feet below top of casing)? _____

5. What is the general groundwater flow direction? _____

6. Were VOC samples for groundwater samples collected using a low flow or equivalent method?

- Yes No, explain below

7. Groundwater samples were collected via:

- Bailer Syringe sampler Hyrdosleeve Passive diffusion bag
 Bladder pump Submersible pump Peristaltic pump SNAP or kenner sampler
 Other (identify): _____

8. Samples were collected for? (mark all that apply) (Place data in WVDEP analytical tables, as appropriate)

- BTEX MTBE TBA VOCs (8260)
 PAHs SVOCs (8270) RCRA 8 metals Chlorides
 Other (identify): _____

9. Briefly provide any additional information on the groundwater sampling that you believe is important.

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IV. Results Discussion

1. Generally, describe the contaminants found in wells above groundwater or drinking water standards?
Complete the groundwater analytical attachment.

- Not Applicable No Contamination Found Above Standards
- VOCs BTEX PAHs Chlorides
- MTBE TBA SVOCs
- Other (identify): _____

2. Briefly provide any additional information on the groundwater sampling that you believe is important. Do not explain the data results in detail (that information can be obtained from the data tables and site maps); however, feel free to provide a general summary of the data such as "all samples were above groundwater standard for benzene", "only MW-1 was above GW for benzene", "No samples were above GW standards but an exceedance of an action level was note in MW-1", etc.

V. Recommendation

1. Check all applicable recommendations.

- Continue quarterly monitoring well sampling
- Continue to perform remediation activities per approved CAP
- Submit Corrective Action Plan (CAP) or revised CAP
- Requesting No Further Action (NFA)
- Other (identify): _____

2. Briefly provide any additional information related to the recommendations for this site that you believe is important.

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VI. Attachments

Please indicate all attachment being submitted with this document.

- | | | |
|---|---|--|
| <input type="checkbox"/> Analytical data tables | <input type="checkbox"/> Boring logs, as applicable | <input type="checkbox"/> Required sitemap(s) |
| <input type="checkbox"/> Laboratory analytical data | <input type="checkbox"/> General location map | <input type="checkbox"/> Monitoring well logs, as applicable |
| <input type="checkbox"/> Other (list below) | | |

VII. Attachments

All site, adsorbed phase, and /or groundwater maps must be drawn to scale, show north arrow, and map legend.

Site map(s) drawn to scale illustrating the following:

- a. Location of all present and former tanks, piping and dispensers in the area of the release;
- b. Footprint of surface and/or subsurface soil contamination;
- c. Footprint of other structures (buildings, canopies, roads, utilities, etc..);
- d. Location of the release(s);
- e. Known locations of sewer and utility line, basements, and other subsurface structures;
- f. Location and type of receptors;
- g. Location of monitoring wells and all other wells that may be impacted by the release;
- h. Groundwater concentration and potentiometric maps;
- i. Adsorbed phase concentration maps, if applicable