|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Water Well Inventory | | | | | | | | | | |
| Summary of Water Wells Within 0.5 Mile Radius Of The Site. (DG = Down gradient) | | | | | | | | | | |
|  | Total No.: | | Active No.: | | | No. Screened in Affected Zone: | | | Total No. DG: | Active No. DG: |
| Public/Municipal: |  | |  | | |  | | |  |  |
| Industrial: |  | |  | | |  | | |  |  |
| Domestic: |  | |  | | |  | | |  |  |
| Agricultural: |  | |  | | |  | | |  |  |
| **Potential Receptor Points** | | | | | | | | | | |
|  | | Closest DG Water Well: | | | | | | Closest DG Water Well Screened in Affected Zone: | | |
| Well No./Designation: | |  | | | | | |  | | |
| Distance From Site (ft.): | |  | | | | | |  | | |
| Total Well Depth (ft.): | |  | | | | | |  | | |
| Current use of Water: | |  | | | | | |  | | |
| Screened Interval Below Ground: | |  | | | | | |  | | |
| Year Constructed: | |  | | | | | |  | | |
| Discuss any ordinances or special circumstances which prevent or influence the future installation of water wells at the site or surrounding area: | | | | | | | | | | |
| Have contaminants of concern (COC’s) been detected in a water supply well:  Yes  No  Unk  If yes indicate highest concentration:  >2x MCL/HAL  >1 to 2x  0.5 to 1x  0.25 to 0.5x  <0.25x | | | | | | | | | | |
| **II. Underground Utility Survey (within 500 foot radius)** | | | | | | | | | | |
| Nearest Underground Utility: Include Name, Type, Depth of Utility, Distance and Direction from Affected Zone: | | | | |  | | | | | |
| Nearest Down gradient Underground Utility: Include Name, Type, Depth of Utility, Distance and Direction from Affected Zone: | | | | |  | | | | | |
| Are any of the underground utilities within the footprint of the contaminant plume:  Yes  No  Unk | | | | | | | | | | |
| Discuss other receptors and indicate on Attachment 3 (if affected, discuss abatement measures): | | | | | | | | | | |
| **III. Building/Confined Space Survey (within 500 foot radius)** | | | | | | | | | | |
| Nearest Building/Confined Space: Include Name, Type, Distance and Direction from Affected Zone: | | | | |  | | | | | |
| Nearest Down gradient Building/Confined Space: Include Name, Type, Distance and Direction from Affected Zone: | | | | |  | | | | | |
| Has indoor vapor intrusion (IVI) screening procedure been performed:  Yes  No  Unk  If yes: ( tier one-no vapor testing  tier 2-sub slab or near foundation vapor testing) | | | | | | | | | | |
| Do the screening results indicate that an IVI pathway is complete:  Yes  No  Unk | | | | | | | | | | |
| Is GW depth shallow (if Yes, check below):  Yes  No  Unk  ( 0’ - 2’  >2’ - 5’  >5’ - 10’  >10’ - 15’  >15’ - 20’) | | | | | | | | | | |
| Have any petroleum vapors/odors been detected and/or reported (if Yes, check below):  Yes  No  Unk  ( outdoors  building  conf space  storm sewer  sanitary sewer  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | |
| Discuss the nearest and other receptors and indicate on Attachment 3. (buildings should include residences, schools, day care facilities, nursing homes, etc.): | | | | | | | | | | |
| **IV. Surface Water Survey (within 500 foot radius)** | | | | | | | | | | |
| Nearest Surface Water: Include Name, Type, Distance and Direction from Affected Zone: | | | | |  | | | | | |
| Nearest Down gradient Surface Water: | | | | |  | | | | | |
| Is there any evidence that surface water has been impacted by the contaminant plume:  Yes  No  Unk | | | | | | | | | | |
| Impacted Surface Water: Include Name, Type, Distance and Direction from source  area: | | | | |  | | | | | |
| Has GW adjacent to the SW been tested (date last test \_\_\_\_\_\_\_\_):  Yes  No  Unk | | | | | | | | | | |
| If Yes, did any GW or SW samples exceed applicable surface water CTLs:  Yes  No  Unk | | | | | | | | | | |
| Describe potential for affected storm water or groundwater discharge to surface water feature: | | | | | | | | | | |
| **V. Sensitive or Protected Habitat Survey (within 500 foot radius)** | | | | | | | | | | |
| Nearest Sensitive or Protected Habitat: Include Name, Type, Distance and Direction from Affected Zone: | | | | |  | | | | | |
| Nearest Down gradient Sensitive or Protected Habitat: | | | | |  | | | | | |
| Is there evidence that a sensitive/protected habitat is impacted by the contaminant plume:  Yes  No  Unk | | | | | | | | | | |
| Provide the habitat type condition, regulatory authority, and other information relative to habitat characterization: | | | | | | | | | | |
| **VI. Off-Source Site Property Impacts:** | | | | | | | | | | |
| Is there confirmed or suspected contamination beyond the source property boundaries:  Yes  No  Unk  If yes:  FDOT ROW  non-FDOT Road ROW  residential  non-residential  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, indicated impacted media: ( FP  GW  soil) | | | | | | | | | | |
| No. of impacted properties beyond the source property boundaries: \_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **VII. Other Potential Receptor Risk Factors:** | | | | | | | | | | |
| Is there free product present:  Yes  No  Unk | | | | | | | | | | |
| Is the depth to product less than 5 feet below land surface:  Yes  No  Unk | | | | | | | | | | |
| Is there contaminated soil in the top 2 feet below land surface:  Yes  No  Unk | | | | | | | | | | |
| Is there contaminated soil between 2 feet and 5 feet below land surface:  Yes  No  Unk | | | | | | | | | | |
| Is there any other potential for exposure to contaminants not previously addressed:  Yes  No  Unk | | | | | | | | | | |
| **VIII. Current Area Land Use and Zoning:** | | | | | | | | | | |
| Source property current land use and zoning information: | | | |  | | | | | | |
| Surrounding property current land use and zoning within 500’ of site (indicate direction): | | | |  | | | | | | |
| Is there evidence of planned future change in area land use and/or zoning:  Yes  No  Unk | | | | | | | | | | |
| Source of land use and zoning information: | | | |  | | | | | | |
| **IX. Summary and Recommended Action:** | | | | | | | | | | |
| Any observed or potential impacts anticipated: | | | | | Yes  No | | If Yes, additional Corrective Action may be required. | | | |
| Any potential for significant impacts: | | | | | Yes  No | | If Yes, additional Corrective Action is required. | | | |
| Any significant impacts observed: | | | | | Yes  No | | If Yes, additional Corrective Action is required. | | | |
| Describe observed or potential impacts to receptors and any recommended emergency abatement and/or continued corrective action: | | | | | | | | | | |
| **X. Required Attachments** | | | | | | | | | | |
| **Attachment 1:** Site plan illustrating location of entire former/current UST/AST system(s), subsurface utilities, limits of past excavation(s), and surface cover. | | | | | | | | | | |
| **Attachment 2:** Site map(s) showing all sampling points and contaminant plume contours | | | | | | | | | | |
| **Attachment 3:** Vicinity map or aerial photograph illustrating surrounding land use and receptors identified within a 500-foot radius | | | | | | | | | | |
| **Attachment 4:** USGS topographic map with plotted water well locations | | | | | | | | | | |
| **Attachment5:** Copies of completion details and water well drillers reports for located wells within 0.5 mile radius, (if available). | | | | | | | | | | |
| **Attachment 6:** Photographic documentation of site and surrounding area. | | | | | | | | | | |