

CORRECTIVE ACTION PROCESS REPORT/PLAN COVER SHEET
CHAPTER 245 - STORAGE TANK AND SPILL PREVENTION ACT

Storage Tank Facility ID #: _____

Consultant Name: _____

Consultant Mailing Address: _____

Consultant Email Address: _____

Responsible Party Name: _____

Responsible Party Mailing Address: _____

Responsible Party Email Address: _____

Media of Concern: **Soil** **Groundwater**

Contaminant(s) (e.g. unleaded gasoline): _____

(check all that apply to the enclosed submission)

- Remedial Action Progress Report**
- Risk Assessment Report** (*e.g. vapor intrusion, ecological, or human health risk calculations*)
- Site Characterization Report – Section 245.310(b)**
 - Residential Nonresidential
- Site Characterization Report – Statewide Health or Background Standard**
 - Residential Nonresidential
- Site Characterization Report – Site Specific Standard**
 - Residential Nonresidential
- Remedial Action Plan – Statewide Health or Background Standard**
 - Residential Nonresidential
- Remedial Action Plan – Site Specific Standard**
 - Residential Nonresidential
- Remedial Action Completion Report – Statewide Health or Background Standard**
 - Residential Nonresidential
- Remedial Action Completion Report – Site Specific Standard**
 - Residential Nonresidential
- Post Remediation Care Report**
- Environmental Covenant**
 - Draft Final
- Other:** _____