

DOCUMENT SUBMITTAL FORM

DWWM/EE/Tanks Corrective Action Unit
 601 57th Street, SE
 Charleston, WV 25304
 (304)926-0470



Submission Date: _____
 AST or Facility ID: _____
 Leak ID: _____

Facility Information				Preparer/Consultant Information			
Facility Name:				Name:			
Address:				Address:			
City:		State:		Phone:			
County:		Zip:		Email:			
Contact:				Company Information (if applicable)			
Phone:				Name:			
Email:				Address:			
Responsible Party Information							
Owner:				Operator:			
Address:				Address:			
City:		State:		City:		State:	
County:		Zip:		County:		Zip:	
Contact:				Contact:			
Phone:				Phone:			
Email:				Email:			

1. Identify the facility type.

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

2. Identify the submitted document(s) - check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Initial abatement measures and site check | <input type="checkbox"/> Quarterly monitoring report for year _____ |
| <input type="checkbox"/> Initial site characterization report | <input type="checkbox"/> 1st quarter <input type="checkbox"/> 3rd quarter |
| <input type="checkbox"/> Site investigation report (SIR) | <input type="checkbox"/> 2nd quarter <input type="checkbox"/> 4th quarter |
| <input type="checkbox"/> Supplemental SIR | <input type="checkbox"/> Fast track |
| <input type="checkbox"/> Corrective action plan (CAP) | <input type="checkbox"/> Presumptive remedies |
| <input type="checkbox"/> Revised CAP | <input type="checkbox"/> Air sparging <input type="checkbox"/> Soil excavation |
| <input type="checkbox"/> Free product removal report | <input type="checkbox"/> Chemical oxidation <input type="checkbox"/> Soil vapor extraction |
| <input type="checkbox"/> Closure report | <input type="checkbox"/> Thermal absorption <input type="checkbox"/> Dual phase extraction |
| <input type="checkbox"/> Monitoring well abandonment | <input type="checkbox"/> Aggressive fluid vapor recovery |
| <input type="checkbox"/> Other (identify): _____ | |

3. Are you requesting an NFA in the attached document? Yes No

Additional Notes or Comments