



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Water Protection & Land Reuse
Remediation Division

In situ Remediation Report of Monitoring Activity

Please complete this form in accordance with the instructions (DEEP-REM-GWP-INS-xxx). When conducting daily or weekly monitoring up to two weeks of activity may be consolidated on one report form. Do not append sample results.

DEEP REMEDIATION USE ONLY

RemGIS RemID scanned

SITE:
Name of site: _____
Address: _____
City/Town: _____

PERMIT:

A. This report is for monitoring conducted to meet the requirements of (check one):

<input type="checkbox"/> A Temporary Authorization (TA)	<input type="checkbox"/> A General Permit (GP) specify:
<input type="checkbox"/> An Emergency Authorization (EA)	<input type="checkbox"/> Aerobic Degredation
<input type="checkbox"/> An Individual Discharge Permit	<input type="checkbox"/> Chemical Oxidation
	<input type="checkbox"/> Anaerobic Degredation

B. Existing permit/authorization/registration ID Other: _____

PERMITTEE/REGISTRANT:
Name: _____
Organization: _____

CONTACT FOR QUESTIONS:
Name: _____
Organization: _____
Phone: _____
E-mail: _____

MONITORING PERIOD COVERED (up to two weeks of monitoring may be reported on one form):
Date(s) monitoring conducted: Start: _____ End: _____

MONITORING OUTCOME:
 Yes No Monitoring resulted or should have resulted in a notification to DEEP or a contingency or response action pursuant to the work plan or permit.

MONITORING CONDUCTED (check all that apply):

- Water Supply Wells Other Receptors Zone of Influence (ZOI) perimeter
 Results/Process within ZOI Other: _____

MONITORING SUMMARY:

Yes No

- Field parameters were monitored as specified in the monitoring plan.
 Field parameter data were evaluated. Date: _____
 Field parameter data disclosed no actionable results.
 Laboratory analytical parameters were monitored as specified in the monitoring plan.
 Laboratory analytical data were evaluated Date: _____
 Laboratory analytical data disclosed no actionable results.

Comments: _____

CERTIFICATION:

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I certify that this report is on complete and accurate forms as prescribed by the commissioner without alteration of their text.

I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the Connecticut General Statutes, pursuant to section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute."

Signature of Discharger

Date

Name of Discharger (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)

Note: Please submit completed Report of Monitoring Activity Forms to:

COORDINATOR – IN SITU GROUNDWATER REMEDIATION
REMEDATION DIVISION – DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127