

RECEPTOR SURVEY:

Groundwater Well Survey

Well Number as identified on Groundwater Well Survey Map									
Well Status									
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plugged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
According to Chapter 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not according to Chapter 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Use									
Municipal Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Drinking Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static Water Level Elevation									
Well Depth Elevation									
Well Diameter									
Casing Material									
Screened Interval									
Well Log Provided? Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well owners and locations. Provide the name and address of each well owner.									
Well Number - Well Owner Name	Address				City		State	Zip Code	
Public Entities. Provide the name and address for each public entity contacted to determine well locations and details. Indicate the date each public entity was contacted.									
Plugging Methods. Describe the plugging method for those wells not sealed according to Chapter 567-39 IAC.									

AFFECTED PROPERTY OWNER TABLE

List all properties within any Receptor ID Plume and under the "Z" (zoning) column, provide the zoning for each property with either "R" for residential or "NR" for nonresidential; mark "Y" or "N" regarding whether that property owner was contacted to determine if there is a drinking or non-drinking water well on their property; and provide the date the property owner was contacted. This page may be duplicated.

	Z	Property Owner Name	Property Address	Owner Mailing Address
1				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
2				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
3				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
4				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
5				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
6				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
7				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
8				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
9				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
10				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
11				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		
12				
		Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N Date:		

Well Survey / Contact Method. Identify the method (on-site well survey or letters) for surveying the area within 300 feet of the sources or within the largest receptor identification plume (whichever is smaller). If letters were sent, provide a copy of the letter in Appendix 23 and state how many letters were sent and how many replies were received.

Commingled Plume Discussion

If contamination at the site appears to be commingled with another site provide the owner name and address, and if assigned by the DNR, the Registration and LUST numbers. If the site does not have a Registration or LUST number, provide justification for an off-site source in the section below.

Off-Site Contamination Source Support Discussion

Provide a detailed justification for any conclusions concerning off-site contamination sources.

Free Product

Indicate whether free product has ever been observed at the site and in which wells. If the site has a history of free product, indicate the date the last "Free Product Recovery Report" was submitted. Discuss the status and effectiveness of the free product recovery system.

Enclosed Space / Conduit Survey

Conduit Number (on map ¹)	Description (main or service?)	Construction Material ²	Conduit Backfill Material	Slope of Conduit	Burial Depth	Relationship to Groundwater Level	Vapor Survey Results ³
Example 1	Sanitary Sewer Main - 1 st & Main accessway	concrete	sand	west	5 ft below surface	2 ft above groundwater	7
Example 2	Basement of Smith residence	cement	NA (Not applicable)	NA	base 8 ft below ground	1 ft below groundwater	33
Example 3	On-site Water Service	PVC, with rubber gaskets	gravel	south	5 ft below surface	2 ft above groundwater	NA
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Survey contacts. Provide the name and address for each public entity and adjacent property owner contacted to determine enclosed space and conduit details and locations. Provide the date of the most recent enclosed space / conduit survey. All relevant sources of information should be reviewed to confirm water line material including but not limited to community plumbing codes, city codes, and ordinances, local plumbing contractors and services, and available construction specifications and plans.

Vapor History. Describe any historic and current problems with vapor accumulation in confined spaces. Indicate the date(s) and where vapors were noted. Describe the measures taken to abate the condition and the current status.

¹ Enclosed Space and Conduit Map

² The Enclosed Space/Conduit Survey Table must now also identify water line and gasket material(s) of construction.

³ See page 6-6 Tier 2 Guidance

Surface Water Survey

Surface Water Name	Classification - designated or general use	Description	Visual Observations
Example 1 - Red River	designated B(LW)	river	no sheens or residue observed
Example 2 - no name	general use	drainage ditch to the east	Residues noted on bank. Appeared to be non- petroleum. Lab data confirmed no hydrocarbons.

Surface Water Sampling Analytical Data (µg/L)

(This previously collected data may not be used to clear the surface water pathway)

Sample Location	Date Sampled	Group 1				Group 2	
		B	T	E	X	TEH-D	TEH-WO

Surface Water Survey. Explain how the surface water survey was conducted. If surface water samples were collected, describe the sampling methods. Provide a justification for taking samples.

RISK JUSTIFICATION AND CORRECTIVE ACTION PROPOSED:

Groundwater Ingestion Pathway

Groundwater Vapor to Enclosed Space Pathway

Groundwater to Water Line Pathway

Surface Water Pathway

Soil Leaching to Groundwater Pathway

Soil Vapor to Enclosed Space Pathway

Soil to Water Line Pathway