

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund
Remediation Information Form**

SECTION A	Claim No.: _____ Priority: _____ Region: _____ Global ID: _____ Claimant Name: _____ Claimant Phone: _____ Claimant Mailing Address: _____ Site Address: _____ Regulatory Oversight Agency: _____ Caseworker: _____
SECTION B	Consultant in Charge Name: _____ Consultant License No.: _____ Consultant Company: _____ Consultant Website: _____ Consultant Address: _____ Consultant E-mail: _____
SECTION C	Type of Remediation Plan (CAP, RAP, IRAP, Workplan): _____ Date of Remediation Plan: _____ Remediation Technology (SVE, GW P&T, AS, Excavation, ISCO, DPE, MPE): _____ Regulatory Oversight Agency Approval Date: _____ System Start-up Date: _____ Duration/Planned Duration of Remediation (months): _____ No. of Hours Operating Per Month: _____ No. of O&M Visits Per Month: _____ Depth to Water in Feet (minimum): _____ Depth to Water in Feet (maximum): _____ Criteria for Rebound Testing or Termination: _____ _____ Extent of Source Area (square feet): _____ Extent of Dissolved Plume (square feet): _____ Substances Released (gas, diesel, kerosene, waste oil, solvents, etc.): _____ _____ NAPL Thickness (inches): _____ Non-Petroleum Substances Released? <input type="checkbox"/> NO <input type="checkbox"/> YES. List substances: _____ _____

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Remediation Information Form (cont'd)**

SECTION D	Type: _____ Manufacturer: _____ AQMD Permit No. _____ Model No.: _____ Serial No.: _____ Remediation Unit Owner: _____ Type of Unit: <input type="checkbox"/> Fixed <input type="checkbox"/> Mobile Unit Purchase Date: _____ Unit Purchase Price: _____ Unit Rental Price (Monthly): _____ Capacity (SCFM, Vacuum Inches of Hg, GPM, etc.): _____ No. & Type of Remediation Wells (SVE, Extraction, Injection, Sparge): _____ _____ Current Influent Vapor Concentration (ppmv)/Date: _____ Latest Influent Groundwater Concentration (ppb)/Date: _____ Supplemental Energy Consumption per month (Propane in gallons, Natural Gas in BTUs/Therms, Electricity in Kwh): _____ Liquid Waste Mass removal for Prior 12 Months (In gallons) _____
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SECTION E	Additional Comments/Information: _____ _____ _____ _____ _____
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SECTION F	<p>Claimant Certification – I certify to the following:</p> <ul style="list-style-type: none"> • I am the claimant for the above-mentioned claim, and I have personally examined and am familiar with the information submitted in this document; • I understand that the Fund may verify the provided information using GeoTracker, discussion with regulators, site visits, etc.; and • I understand that any misrepresentation herein may lead to disqualification of this claim. <p>I, the undersigned, certify under penalty of perjury that these statements are true and correct.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Print Name and Title (Claimant)</td> <td>Signature and Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Print Name and Title (Joint-claimant)</td> <td>Signature and Date</td> </tr> </table>			Print Name and Title (Claimant)	Signature and Date			Print Name and Title (Joint-claimant)	Signature and Date
Print Name and Title (Claimant)	Signature and Date								
Print Name and Title (Joint-claimant)	Signature and Date								

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REMEDATION INFORMATION FORM INSTRUCTIONS

IMPORTANT

Use the instructions below to complete the Remediation Information Form. Claimants should use this form to provide specific information about the remediation activities and system being used at the site associated with their Fund claim. All sections of the form **must** be completed to be accepted by the Fund. Failure to complete any section completely will result in the form being rejected by the Fund. This form will need to be completed for as a supplemental for the Budget Change Order Request Form and with each Reimbursement Request package where the budget category is classified as CAP/REM. The Remediation Information Form can be obtained from the Fund's website at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.

SECTION-BY-SECTION INSTRUCTIONS

- **Claim Information (Section A)** – Enter the Fund claim's information in this section. This information should match the Fund's records **exactly**. Most of this information can be obtained from the Reimbursement Request Form provided to you by the Fund.
- **Consultant in Charge Information (Section B)** – Provide the indicated information for the person that can respond to technical questions that may arise when reviewing the Budget Change Order Request. This person should be knowledgeable about the work being performed on the site and authorized by the claimant to act as the technical representative.
- **Project Information (Section C)** – Complete all of the relevant information related to the remediation project being performed at the specified Fund claim site. This information will be used to assess the type of system that is being used or proposed for usage at the site.
- **System Information (Section D)** – Fill in the relevant information related to the remediation system being used or proposed for usage at the site. This information will be used to help the Fund make a cost determination based upon the reasonable and necessary evaluation.
- **Additional Comments/Information (Section E)** – Use this area to add in any additional pertinent information about the remediation project or system that would be useful to the Fund.
- **Claimant Certification (Section F)** – Read the certification in its entirety and sign on the line to certify that the information contained on this form is complete and accurate and that it is understood that the information provided may be verified at any time. The person signing should be the claimant or have the authority to act on the claimant's behalf (as authorized by a Power-of-Attorney Form).