

WDNR BRRTS CASE # _____ - _____ - _____ WDNR SITE NAME : _____

**WISCONSIN DEPARTMENT OF NATURAL RESOURCES
Remediation and Redevelopment Program**

This form is intended to provide instructions and a list of information that must be submitted for evaluation for case closure, each time a request is made. The closure of a case means that the Department has determined that no further response is required at that time based on the information that has been submitted to the Department.

NOTICE: Completion of this form is mandatory for applications for case closure pursuant to ch. 292, Wis. Stats. and ch. NR 726, Wis. Adm. Code, including cases closed under ch. NR 746 and ch. NR 726. The Department will not consider, or act upon your application, unless all applicable sections are completed on this form and the closure fee and any other applicable fees, required under ch. NR 749, Wis. Adm. Code, Table 1 are included. It is not the Department's intention to use any personally identifiable information from this form for any purpose other than reviewing closure requests and determining the need for additional response action. The Department may provide this information to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

In order to expedite the closure process, provide a complete and accurate closure package according to the following instructions, each time a closure decision is requested:

- Submit the Case Closure Request form and the required attachments as a stand-alone, **unbound** package. Include all information requested per section, as appropriate to the site, in the order shown. Include all attachments per section, as appropriate. Do not attach previously submitted reports. Correctly reference any reports in the case summary, as applicable.
- Include fees with this request at the time it is submitted to the department in order for the application to be considered complete.
- Specify your selected closure option.
- **Use forms 4400-245 and 4400-246 for Section H.** Include all **GIS Registry information** (in Section H) as a stand-alone document (*do not refer to materials in other attachments*). Include copies of all off-source property and ROW notifications.
- Place a ✓ (attached) or NA (not applicable) in the blank next to each attachment, in each section.
- Include a maintenance plan, if it is required for the implemented remedial action.
- **Maps for the GIS Registry may not be larger than 8.5 x 14 inches**, unless maps are submitted in electronic form in portable document format (pdf) readable by the Adobe Acrobat Reader. For electronic document submittal requirements, see <http://dnr.wi.gov/org/aw/rr/archives/pubs/RR690.pdf>.
- Prepare maps according to the applicable portions of ss. NR 716.15(2)(h)1 and 726.05(3)(a)4.d. Prepare visual aids, including maps, plans, drawings, cross sections, fence diagrams, tables and photographs according to s. NR 716.15(2)(h)1. – 4.
- **Use a bold font** on information of importance on tables, maps and figures. A **bold font (for ES exceedances)** and *italics (for PALs)* are preferred when differentiation is necessary. **Please do not use shading or highlights** on any of the analytical tables (per s. NR 726.05(3)) and maps as the shading obscures the information that is scanned for inclusion in the GIS Registry.
- Put multiple tables submitted for contaminated media data (eg. pre- and post-remedial data) in chronological order. Include the level of detection for results which are below the detection level (i.e. do not just list as no detect (ND)). Summaries of all data should include information collected by previous consultants. Do not submit lab data sheets unless these have not been submitted in a previous report. Tabulate all data required in s. NR 716.15(2)(g)3 in the format required in s. NR 716.15(2)(h)3.
- Document free product recovery estimates as required in s. NR 708.15, if applicable.

WDNR BRRTS CASE # _____ - _____ - _____ WDNR SITE NAME : _____

Section A: Case History and Closure Pathway Selected

ATTACHMENTS:

- _____ A brief site summary including results of all investigative activities, interim and remedial actions taken, a description of any residual soil and/or groundwater contamination and their locations, a description of any other media affected, and a description of how actual and potential impacts to receptors have been addressed.
- _____ Site location map on USGS topographic base map.
- _____ Site map including buildings, utilities, property lines of source property and impacted non-source properties, ground cover and supply wells, including any municipal wells. *These maps may be combined.*
- _____ Verification of the zoning for affected properties.

INFORMATION NEEDED:

1. Site Name _____
 Street Address: _____
 City/Zip Code: _____
2. BRRTS #: _____
3. DNR FID #: _____ PECFA Claim#: _____
4. Responsible Party Name _____
 Mailing Address: _____ City/Zip Code: _____
 Phone number: _____ E Mail Address: _____
 Contact Person: _____
5. Date of Incident/Discovery: _____ Contaminant Type(s): _____
6. Quantity Released: _____
7. Land Use:
 Current : _____ Residential _____ Commercial _____ Industrial _____ Other
 If other, specify: _____
 Planned Post Remediation : _____ Residential _____ Commercial _____ Industrial _____ Other
 If other, specify: _____
8. Is a zoning change required? _____ Y _____ N
 If so, has it been completed for post remedial land use? _____ Y _____ N
9. _____ Acres ready for use (The total area in acres of all adjacent tax parcels owned by the same entity on the site where the contamination originated, rounding fractions to nearest .5 acre and noting >100 acres for acreages above 100 acres. For multiple discharges that are cleaned up concurrently, count the acres once.)
10. Geographic Coordinates (meters/ WTM83/91) E _____ N _____
11. Method Used to Obtain Geographic Coordinates:
 _____ On-site using GPS equipment, converted or projected into WTM83/91 coordinates
 _____ Used county web map site to get coordinates
 _____ Used RR Sites Map web site to get WTM83/91 coordinates
 _____ Other (specify): _____
12. *Groundwater Contamination Remaining (>ES):
 On Source Property _____ Y _____ N
 Off Source Property _____ Y _____ N
13. *Residual Soil Contamination > Generic or Site-Specific RCL:
 On Source Property _____ Y _____ N
 Off Source Property _____ Y _____ N
14. Contamination in Right of Way: _____ Y _____ N
15. Closure Pathway Selected: check all that apply

<i>CLOSURE via NR 726</i>	
Soil	Groundwater
_____ < s. NR 720.09/720.11 Generic RCLs	_____ < s. NR 140.10 Table 1 & Table 2 Values
_____ s. NR 720.19(2) Soil Performance Standards	_____ s. NR 140.28(2) PAL Exemption
_____ s. NR 720.19(4) Groundwater Pathway	_____ s. NR 726.05(2)(b), ≥ ES Natural Attenuation

WDNR BRRTS CASE # _____ - _____ - _____ WDNR SITE NAME : _____

___ s. NR 720.19(5) Direct Contact	
___ s. NR 720.19(6) Other Pathways	

<u>CLOSURE via NR 746 and NR 726</u>	
<u>Petroleum Storage Tank Soil Options for Closure:</u>	
___ s. NR 746.07 Requirements Met-Post Investigation	
___ s. NR 746.08 Requirements Met-Post Remed.	
<u>Petroleum Storage Tank GW Options for Closure:</u>	<u>Petroleum Storage Tank GW Options for Closure:</u>
Within Permeable Material:	Within Low Permeability Material:
___ s. NR 746.07(3) ≥PAL <ES, Post Investigation	___ s. NR 746.07(2), Post Investigation
___ s. NR746.07(4) >ES, Post Investigation	___ s. NR 746.08(2), Post Remediation
___ s. NR 746.08(3) ≥ PAL, <ES, Post Remediation	
___ s. NR 746.08(4) >ES, Post Remediation	

Section B: Receptor Summary

ATTACHMENTS:

- ___ Notification(s) regarding contamination in ROW
- ___ Notification(s) to off-source property owners regarding sampling results

INFORMATION NEEDED:

1. Identify **all** pre-remedial actual receptors, the assessed risk and their locations (e.g., both on- and off-site utility corridors, basements or sumps of nearby buildings, direct contact threat from soil, water supplies, surface waters, sediments, vapors, etc.) *For definitions, refer to s. NR 700.03 (47), Wis. Adm. Code.*

2. Have the remedial actions addressed the potential or actual impacts to these receptors?

___ Y (Details in the case history summary (Section A)).
 ___ N If no, please identify the nature of the remaining risk and the receptor at risk, if any:

Section C: Soil Investigation Information

ATTACHMENTS:

- ___ Complete soil data summary table of field screening and laboratory analytical results, including all detects, regardless of ch. NR 720 standards, with dates, sample locations, depths and detection limits. Identify exceedances.
- ___ Map(s) of all pre-remedial soil sampling locations: depicting all soil sample locations relative to site facilities. Note in bold font those sample locations that exceed ch. NR 720 RCLs (including free product location) and delineate the extent of contamination.
- ___ Pre-remedial geologic cross-sections; including geology, source location(s), extent of soil and groundwater contamination, free product location/depth, soil sample locations, water table elevation, and bedrock elevation, if encountered.

INFORMATION NEEDED:

1. Extent Defined? ___ Y ___ N If not, explain why. _____
2. Soil Type(s): _____

WDNR BRRTS CASE # _____ - _____ - _____ WDNR SITE NAME : _____

- 3. Depth of Contamination: Top: _____ Bottom: _____
- 4. Type of Bedrock: _____ Depth to Bedrock: _____
- 5. Is Any Contaminated Soil (Unsaturated or Saturated) in Contact With the Bedrock? ___Y ___N
- 6. Measurable Free Product? ___Y ___N Depth/Location: _____

Section D: Soil Remediation Information

ATTACHMENTS:

- _____ Map showing remediated area (for example, excavation limits or area influenced by SVE) and locations of post-remediation soil samples (if any). This map should show the locations and extent of residual soil contamination exceeding ch. NR 720 RCLs. These samples should be noted in bold font. *A copy of the map(s) from Section H(form 4400-245) may be used.*
- _____ Soil disposal documentation
- _____ NR 720.19 analysis, assumptions and calculations for site specific RCLs (SSRCLs) , with justification
- _____ Calculations and results of EPA Soil Screening Level Model.
- _____ Post-remedial cross-section(s) with post remedial soil sampling results, if soil removal or treatment has occurred. Identify sample results and depths. *A copy of the cross-section(s) from Section H(form 4400-245) may be used or you may refer to the cross-section(s) in Section E, as appropriate.*
_____see Section E

INFORMATION NEEDED:

- 1. Remedial Action Completed? ___Y ___N
- 2. Were immediate or interim actions conducted? ___Y ___N If yes, what action was taken?

- 3. Brief description of remedial action taken:

- 4. Were soils excavated? ___Y ___N
Quantity: _____ Disposal Method: _____
- 5. Final Confirmation Sample Collection Methods:

- 6. Final Soil/Drill Cuttings Disposal Location:

- 7. Estimated volume and depth of in situ soils exceeding ch. NR 720 Table RCLs or Site Specific RCLs:

- 8. Estimated volume and depth of in situ soils exceeding ch. NR 746 Table 1 or Table 2 or Site Specific RCLs (*underground petroleum tank systems, as defined in ch. NR 746 only*):

- 9. s. NR 720.19 Analysis? ___Y ___N
___ Performance Standard -NR 720.19(2)
___ SSRCL - NR 720.19(3) and (4),(5) or (6)
- 10. If the remedy includes a Soil Performance Standard, what type? ___ not applicable
___Cap ___ Soil ___ Building ___ Natural Attenuation of Groundwater ___ Other
Specify other: _____
- 11. Will the maintenance of the SPS be consistent with the planned post remediation land use?
___Y ___N If No, please explain: _____
- 12. Is the EPA Soil Screening Level Model used as justification for closure of sites with residual contaminated soils?
___Y ___N Are the input numbers used: ___ Site Specific , or ___ WI Defaults?

Section E: Groundwater Information

ATTACHMENTS:

- _____ Table identifying all contaminants, summarizing all pre- and post-remediation groundwater analytical results, with sample collection dates (*prepared in accordance with guidance document RR-628*)

WDNR BRRTS CASE # _____ - _____ - _____ WDNR SITE NAME : _____

Section F. Other Contaminated Media Information:

ATTACHMENTS:

_____ Table of analytical results for all contaminants for media other than soil or groundwater

INFORMATION NEEDED:

1. Have other media been impacted (either on-site or off-site e.g. sediment, utilities, air)? _____Y _____N
Briefly describe type and extent of **all** contamination found in media other than soil or groundwater:

2. Remedial action completed? _____Y _____N _____N/A
Brief description of remedial action taken: _____

3. # of Post Remedial Sample Rounds: _____
of Sampling Points: _____
Field Analyses? _____Y _____N
Lab Analyses? _____Y _____N

Section G. Associated Site Closure Information:

ATTACHMENTS:

- _____ Construction documentation or as-built report for any constructed remedial action or portion of, or interim action specified in s. NR 724.02(1), in accordance with s. NR 724.15.
- _____ Maps and photos documenting the cap area, and/or integrity of the cap, with date.
- _____ Description of any soil performance standard cover system used, including a description of how it meets the requirement to be protective until residual contaminant concentrations no longer pose a threat to public health, safety, welfare or the environment, per s. NR 720.19(2), s. NR 722.09(2) and (3).
- _____ Maintenance plan associated with 292.12 land use control or for performance standard remedy. (per ss. NR 720.19(2) and 724.13(2))

INFORMATION NEEDED:

- 1. Enforcement actions closed out? _____Y _____N _____N/A
- 2. Permits closed out? _____Y _____N _____N/A
- 3. Describe how the following pathways are protected:

- a) Direct Contact Pathway: _____

- b) Groundwater: _____

- c) Other: _____

Section H. Required GIS Registry Information: Use form 4400-245, GIS Registry Checklist, and form 4400-246, Impacted Off-Source Property Information. Submit these forms and their attachments with this closure request form.

WDNR BRRTS CASE # _____ - _____ - _____ WDNR SITE NAME : _____

I certify that, to the best of my knowledge, the information presented on and attached to this form is true and accurate. This recommendation for case closure is based upon all available data as of _____ (date). I have read the Case Closure Request Form instructions and all required information has been included.

Form Completed By: _____
(Signature) (Date)

_____ **\$750.00 Closure Review Fee Attached**
_____ **\$250.00 GIS Registry Maintenance Fee Attached (GW and/or monitoring well to be abandoned)**
_____ **\$200.00 GIS Registry Maintenance Fee Attached (Soil)**

Printed Name: _____

Company Name: _____

Email address: _____

If not site owner, relationship to site owner: _____

Address: _____ City/Zip Code _____

Telephone Number: (_____) _____ FAX Number: (_____) _____

Source Property Owner's Name (if different from person conducting the cleanup): _____

Address: _____ City/Zip Code _____

Telephone Number: (_____) _____ Email Address: _____

Environmental Consultant (if different than above): _____

Address: _____ City/Zip Code _____

Email Address: _____

Telephone Number: (_____) _____ FAX Number: (_____) _____

WDNR BRRTS CASE # _____ - _____ - _____ WDNR SITE NAME : _____

FOR DEPARTMENT USE ONLY

PROJECT MANAGER: _____ Date Reviewed: _____

() **Approved** () **Denied** () **Sent to Committee** (Date: _____)

CLOSURE COMMITTEE DECISION ON CLOSURE:

FIRST COMMITTEE REVIEW DATE: _____ () **Approved** () **Denied**

(Signature)

(Signature)

(Signature)

(Signature)

COMMITTEE RECOMMENDATION:

_____ **Closure Approved With:**

_____ No Restrictions

_____ Listing on GIS Registry due to Groundwater impacts

_____ Listing on GIS Registry due to Soil impacts

_____ Zoning Verification

_____ Well Abandonment Documentation

_____ Soil Disposal Documentation

_____ NR 140 Exemption For: _____

_____ VPLE Insurance needed

_____ ROW notification needed

_____ Cap required, maintenance plan needed for cap

_____ Structural Impediment – notification and investigation needed if change in land use

_____ Maintain Zoning - Industrial Land Use soil standards applied

_____ - notification needed if change in land use

_____ Site Specific Closure Letter

_____ Deed Restriction

_____ Deed Notice

_____ Other

Conditions/Comments: _____

_____ **Closure Denied, Needs More:**

_____ Investigation

_____ Groundwater Monitoring

_____ Soil Remediation

_____ Groundwater Remediation

_____ Documentation of Soil Landspreading or Biopile Destiny

Specific Comments:

WDNR BRRTS CASE # _____ - _____ - _____ WDNR SITE NAME : _____

FOR DEPARTMENT USE ONLY

PROJECT MANAGER: _____ Date Reviewed: _____

() Approved () Denied () Sent to Committee (Date: _____)

CLOSURE COMMITTEE DECISION ON CLOSURE:

SECOND COMMITTEE REVIEW DATE: _____ () Approved () Denied

(Signature)

(Signature)

(Signature)

(Signature)

COMMITTEE RECOMMENDATION:

_____ **Closure Approved With:**

- _____ No Restrictions
- _____ Listing on GIS Registry due to Groundwater impacts
- _____ Listing on GIS Registry due to Soil impacts
- _____ Zoning Verification
- _____ Deed Restriction
- _____ Deed Notice
- _____ Site Specific Close Out Letter
- _____ Well Abandonment Documentation
- _____ Soil Disposal Documentation
- _____ NR 140 Exemption For: _____
- _____ VPLE Insurance needed
- _____ Other Conditions/Comments: _____

_____ **Closure Denied, Needs More:**

- _____ Investigation
- _____ Groundwater Monitoring
- _____ Soil Remediation
- _____ Groundwater Remediation
- _____ Documentation of Soil Landspreading or Biopile Destiny
- _____ Specific Comments: _____

