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 ☐ Operator is same as owner							
Owner:				**Operator:**			
Address:				**Address:**			
City:		**State:**		**City:**		**State:**	
County:		**Zip:**		**County:**		**Zip:**	
Contact:				**Contact:**			
Phone:				**Phone:**			
Email:				**Email:**			

1. Identify the facility type.

☐ Gasoline station ☐ State/federal government ☐ Utility
☐ Petroleum distributor ☐ Public/private school ☐ Oil & Gas site
☐ Auto dealership ☐ Airport ☐ Chemical facility
☐ Vacant or abandoned ☐ Other (identify): _____

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

☐ Initial abatement measures and site check
☐ Initial site characterization report
☐ Site investigation report (SIR)
☐ Supplemental SIR
☐ Corrective action plan (CAP)
☐ Revised CAP
☐ Free product removal report
☐ Closure report
☐ Monitoring well abandonment
☐ Other (identify): _____

☐ Quarterly monitoring report for year _____
☐ 1st quarter ☐ 3rd quarter
☐ 2nd quarter ☐ 4th quarter

Fast track

☐ Presumptive remedies
☐ Air sparging ☐ Soil excavation
☐ Chemical oxidation ☐ Soil vapor extraction
☐ Thermal absorption ☐ Dual phase extraction
☐ Aggressive fluid vapor recovery

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

Additional Notes or Comments