

REMEDIATION PROJECT EVALUATION FORM

General Project Information

Project Name _____
 Project Street Address _____
 Project City, State, Zip _____
 Lead Regulatory Agency _____
 Regulatory Case Worker _____
 State Facility ID # (if any) _____
 Project Number (if any) _____

Project Contact Information

Main Project Contact _____
 Contact Company _____
 Contact City/State _____
 Phone _____
 E-mail _____

Plume/Treatment Area Characteristics

Contaminants of Concern (COCs) _____

Media to be Treated Soil-Vadose Soil-Saturated
 Groundwater

Previous Remediation (if any) _____

Planned Application Type Source Barrier
 Plume Excavation

Age of Plume _____

Surface Area (sq ft) _____

Vertical Treat. Thickness (ft) (from ___ to ___ ft bgs) _____

Max COC Concentrations Soil (mg/kg) _____

Max COC Concentrations-GW (mg/L) _____

Average COC Concentrations-soil (mg/kg) _____

Average COC Concentrations-GW (mg/L) _____

Is NAPL present: (yes/no) Thickness (in.) _____

If yes --Last Measured _____

Soil Type(s) _____

Porosity (total/effective) _____

Total Organic Carbon (mg/kg) _____

Depth to Groundwater (ft) _____

Annual Groundwater Fluctuation (ft) _____

Gradient (ft/ft and direction) _____

Hydraulic Conductivity (ft/day) _____

Seepage Velocity (ft/yr) _____

Other Natural Attenuation Parameters

Dissolved Oxygen (mg/L): _____

ORP (mV): _____

pH: _____

Nitrate (mg/L): _____

Iron (Total/Dissolved) (mg/L): _____

Manganese (Total/Dissolved) (mg/L): _____

Sulfate (mg/L): _____

BOD and/or COD (mg/L): _____

What is the deliverable?

Cost Option for RAP/CAP

Feasibility Estimate

Other _____

Project Driver

Petro Reimbursement

Dry Cleaner Reimburs.

CERCLA/RCRA

Real Estate Transaction

Voluntary Cleanup

What other remedial technologies are being considered?

AS/SVE

Dig & Haul

Other Bio

Other ChemOx

None

Other _____

Timing for implementation?

0-3 months

3-6 months

>6 months

How will success be determined for this project?

Will vapor intrusion need to be mitigated at this site (yes/no)?

Is development planned at this site (yes/no)?

Additional Information for Site Evaluation

(Please indicate if available (A) or included (I))

Site Map _____

Analytical Data Tables _____

Groundwater Plume Map _____

Groundwater Contour Map _____

Cross Sections _____

Boring/Monitoring Well Logs _____

PLEASE RETURN FORM TO:
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 Technical Services Manager or,
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