EQB
Environmental Quality Board
GOVERNMENT OF PUERTO RICO

Clear Form

Water Quality Area
Underground Storage Tanks
Control Division

GOVERNMENT OF PUERTO RICO

JCA-UST-005

Site Investigation Application

○ LUST ○ NO LUST

Date of filing:_____ **EQB employee receiving the application:**_____ **UST - 2 -** ___ - ___

Carefully read all sections of this Site Investigation Application before completing this form. For additional information, call the Underground Storage Tanks Control Division of the Puerto Rico Environmental Quality Board at (787) 767-8181 or write to: rctas@jca.gobierno.pr. This application must be presented with the corresponding payment in cash, commercial check or money order, in the name of the Secretary of the Treasury.

Type of Application: ○ **Site Investigation Plan**
Complete the sections 1, 2, 3, 4, 5, 6, Attachment A and Attachment B.1

○ **Site Investigation Report**
Complete the sections 1, 2, 3, 4, 5, 6, Attachment A and Attachment B.2

1. Facility Information

Owner of the UST System (Natural/Legal Person):

Postal Address:

Email:

Phone:

Owner of the property where the UST System is located (Natural / Legal Person):

Postal Address:

Email:

Phone:

Operator of UST System (Natural / Legal Person) :

Postal Address:

Email:

Phone:

Natural/Legal Person where the UST System is locate:

Physical address where the UST System is located:

Contact person in case of emergency (24) hours:

Phone:

Lambert Coordinates: (Degrees-Minutes-Seconds):

Name of person who prepares the Application:

Phone:

Email:

Type of owner:

- ○ Federal Government
- ○ State Government
- ○ Municipal Government
- ○ Industrial
- ○ Commercial
- ○ Agricultural
- ○ Other:

Type of UST System to Close:

- ○ UST System that store substances regulated under RCUST
- ○ UST System for hazardous substances
- ○ UST System of emergency electricity generators
- ○ UST Agricultural System (capacity> 1,100 gallons)
- ○ Wastewater Treatment Systems (Not covered under section 402 or 307 (b) of the CWA and that treat substances regulated under RCUST)
- ○ Hydrant fuel distribution systems located at airports
- ○ UST System built on the ground
- ○ Other:

2. Financial Responsibility

Mechanism of Financial Responsibility:

○ Commercial Insurance Policy ○ Self-insured ○ Corporate Guarantee or Deposit ○ Letter of credit

○ Trust Fund ○ Bond ○ Exempt according to Rule 863 RCUST ○ Other: _____

Effective date: _____ Due date: _____

3. Companies responsible for each activity of the proposed project

Name Natural/Legal Person in Charge of Field Activities _____

Name of the authorized representative: _____

Phone: _____ Postal Address: _____

Email: _____

Name Natural/Legal Person in charge of Environmental Supervision _____

Name of the authorized representative: _____

Phone: _____ Postal Address: _____

Email: _____

Name Natural / Legal Person in charge of Health and Safety _____

Name of the authorized representative: _____

Phone: _____ Postal Address: _____

Email: _____

Name Natural/Legal Person in charge of Sampling _____

Name of the authorized representative: _____

Phone: _____ Postal Address: _____

Email: _____

Name Natural / Legal Person in charge of the Laboratory _____

Name of the authorized representative: _____

Phone: _____ Postal Address: _____

Email: _____

Name Natural/Legal Person in charge of Non-hazardous Waste Disposal _____

Name of the authorized representative: _____

Phone: _____ Postal Address: _____

Email: _____

Name Natural / Legal Person in charge of Hazardous Waste Disposal _____

Name of the authorized representative: _____

Phone: _____ Postal Address: _____

Email: _____

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4. Activities and resources nearby

- ☐ Main recharge areas
- ☐ Oil pipelines
- ☐ Surface water bodies
- ☐ Quarries
- ☐ Swamps or mangroves
- ☐ Rural routes
- ☐ Public Buildings
- ☐ Gas stations
- ☐ Residences
- ☐ Injection wells
- ☐ Power line
- ☐ Roads
- ☐ Springs
- ☐ Seaside
- ☐ Drains or natural drainage cavities
- ☐ Institutions of higher education
- ☐ Mines (surface, underground)
- ☐ Injection or extraction wells abandoned
- ☐ Sanitary landfills (municipal, private)
- ☐ Schools (public and private)
- ☐ Gravel or sand extraction pit
- ☐ Drinking water and wastewater treatment plants (private, public)
- ☐ Public drinking water supplies (wells, surface water bodies)
- ☐ Water quality monitoring stations (surface or underground)
- ☐ Others:

5. Certification

"I certify that all the information presented in this document and in all the corresponding annexes is accurate, true and complete. The information provided has been presented without intent to distort the facts or commit fraud. I am aware that if any falsehood or fraud is discovered with respect to the documents I have signed, I will be subject to sanctions, including fines, imprisonment or both." Rule 910.D of the RCUST

Owner of the UST System (Natural/Legal Person)	Name of the person who completed the Application	Operator of the UST System (Natural/Legal Person)
Signature of the Owner of UST System (Natural/Legal Person)	Signature of the person who completed the Application	Operator Signature of the UST System (Natural/Legal Person)
Date	Date	Date

Applications with incomplete information will be understood as not submitted until all the required documents or information have been submitted.

6. Charges to Pay

Facility type exempt from charges (If applicable): ☐ Public School ☐ Hospital ☐ Charity institution

☐ **Plan or Report**

Application processing fees	$ 50
Total fees to be paid	$ 0

The payment of all charges will be made through cash, commercial checks or money orders, payable to the Secretary of the Treasury Department of the Government of Puerto Rico. This payment must be made in the Finance Division of the Environmental Quality Board.

FOR USE OF THE ENVIRONMENTAL QUALITY BOARD							
DCUST Technician's name:				Date of filing:			
DCUST Technician's signature :							
Amount to pay:		Cash:		Check:		Money order:	
Receipt in the Finance Division:				Date of receipt:			
Person Name in Finance receiving payment:				Payment date:			

ANNEX A - INFORMATION ON HEALTH AND SAFETY PLAN

1. POTENTIAL HAZARD TO HEALTH AND SAFETY

A. Anticipated physical hazards (Check all that apply)

- ☐ Heat (high temperatures)
- ☐ Noise
- ☐ Excavation
  - ☐ Area of caves, sinks
  - ☐ Falls, stumbling, slips
- ☐ Management and transfer of petroleum products
  - ☐ Fire
  - ☐ Explosions
- ☐ Other (specify): _____
- ☐ Heavy equipment
  - ☐ Trauma or physical injury as a result of moving machinery
- ☐ General construction
  - ☐ Falls
  - ☐ Trauma or physical injury
  - ☐ Electrical hazards
- ☐ Entrance to confined spaces
  - ☐ Explosions
  - ☐ Oxygen levels (asphyxia)

B. Anticipated biological hazards (Check all that apply)

- ☐ Snakes
- ☐ Rodents
- ☐ Insects
- ☐ Poisonous plants
- ☐ Animal bite
- ☐ Other (specify) _____

C. Narrative (provide information on those things that would impact health and safety Example: power lines, aerial and underground, dam integrity, uneven terrain, etc.)

D. List of chemical substances that are expected to be found in the place (include safety data material sheets, MSDS)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

2. EVALUATION OF DANGER POTENTIAL

Possible chemical substances present

Chemical Substance	Medium or matrix	Maximum Observable Concentration	Exposure Limits*		IDLH*	Symptoms / Effects due to acute exposure
			STEL:			
			TWA:			
			STEL:			
			TWA:			
			STEL:			
			TWA:			
			STEL:			
			TWA:			
			STEL:			
			TWA:			
			STEL:			
			TWA:			
			STEL:			
			TWA:			
			STEL:			
			TWA:			

3. METHODS TO CONTROL THE POTENTIAL HEALTH AND SAFETY HAZARDS

A. Monitoring Instruments
(mark all that apply: the monitoring instruments have to be used unless otherwise indicated)

- ☐ Organic vapor analyzer
- ☐ Photoionization Detector
- ☐ Combustible Gas Indicator
- ☐ Oxygen Meter
- ☐ Hydrogen Sulfide Meter
- ☐ Others, specify:

B. Levels of action (breathing zone)

Oxygen meter		
0 – 10%	LEL	No danger of explosion
10 – 25%	LEL	Potential explosion hazard; notify the health and safety officer
> 25%	LEL	Explosion hazard; interrupt tasks/leave the place
< 21% ± 1%	O_2	Normal oxygen
< 19.5%*	O_2	Oxygen deficiency; notify the health and safety officer

* Consider and specify if the place is a confined space and take all the necessary precautions.

C. Indicate the method and frequency of surveillance or monitoring during field activities.

D. Personal protective equipment: include all that apply:

E. Information in case of Emergency

	Name of the Institution	Emergency Contact Person	Telephone numbers
1.	State Agency for Emergency Management		
2.	Firefighters		
3.	Ambulance		
4.	Police		
5.	Hazardous Materials Response Unit		
6.	PROSHA		
7.	Poison Control Center		
8.	Environmental Quality Board		
9.	Nearest medical services		
10.	Health and Safety Officer in the place		
11.	Nearest hospital		
12.	Person responsible for the project		
13.	Others		

F. Escape routes, and command center in case of emergency (explain briefly and include map and photographs of the place with these escape routes)

ANNEX B.. INFORMATION FOR THE INVESTIGATION PLAN THAT MUST BE INCLUDED TOGETHER WITH THE APPLICATION

1. TECHNICAL INFORMATION REQUIREMENTS FOR SITE INVESTIGATION PLAN The plan must be submitted in hard copy and include a copy of this plan on computer compact disc in electronic format of portable data files (PDF).	
1. Introduction	**5. Sampling and analysis phase (Must be prepared in accordance with what is established and applicable in the Permanent Closure Guide).**
1. Name and address of the site	1. General description of sampling activity
2. Name and address of the current owner	i. Number of samples to be collected
3. Name and address of the operator (if different from the owner)	ii. Matrices to be sampled
4. Problem	iii. Depth of samples
5. Purpose and objectives of the investigation	iv. Sampling strategy (judgmental, random, etc.)
2. Background of the facility	v. Sampling (discrete or composite)
1. History and description of owners and operation of the site	vi. Field measurements to be made
2. Date and description of past spills in site (results and conclusions of previous investigations)	vii. Diagram with the proposed sampling points
3. Information on the source and regulated substance	2. Analytical requirements
1. Source (tank)	i. Parameters to be analyzed by matrix
i. Location of the unit	ii. Analysis method
ii. Description of the unit: measurements, construction material, gallonage, design, etc.	iii. Containers for samples
iii. Year that was installed and period of operation	iv. Preservatives
iv. Method used to close the unit	v. Waiting time for analysis or extraction (holding time)
2. Regulated substance	vi. Proposed cleaning levels
i. Type of substance you stored	3. Sampling methods
ii. Physical and chemical characteristics of the substance	i. Description of equipment to be used in sampling
iii. Migration/dispersion characteristics	ii. Equipment decontamination procedure (if not disposable)
4. Environmental information of the site and surroundings	iii. SOP's of sample collection procedures
1. Hydro-geological conditions	iv. Calibration of equipment and frequency
i. Geological description	4. Handling and custody of samples
ii. Recharge and discharge areas	i. Handling samples in the field, during transportation and in the laboratory
iii. Direction of groundwater flow	5. Chain of custody (include a copy)
iv. Depth of groundwater (groundwater level)	6. Use of labels
2. Surface water bodies (location)	i. Identification of samples
3. Use and location of groundwater wells	ii. Procedures for corrective actions in the field
4. Sensitive population (schools, hospitals, elderly center, communities, etc.)	7. Quality control and certainty
	i. Include blanks and duplicates, definition and frequency of collection
6. Maps	
1. Geographic location	
2. Topographic map (1:20,000)	
3. Plan of the UST system as it is located in the installation	
4. Delimitation of the installation (property lines) and the use of adjacent land	
5. Location of wells in the vicinity of the place	
6. Proposed sampling point diagram	

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2. TECHNICAL INFORMATION REQUIREMENTS FOR SITE INVESTIGATION REPORT The report must be submitted 90 working days after finishing the research activities in hard copy. Include a copy of this Report on a compact disc for computer in electronic format of portable data files (PDF).
1. Summary of field conditions during sampling, including deviations (if any) during field activities.
2. Chart or diagram where the field sampling locations are indicated.
3. Table with results of the monitoring of the field parameters and their location and depth.
4. Table that includes the following information: analytical parameters, sampling locations, reporting limits, Action Level and depth. The results of the field blanks must be included in this table. A table must be generated for the solid samples and another for the aqueous samples.
5. Laboratory sheet where the results of each sampling location are presented. In this sheet you must present evidence of date of analysis, method of analysis, type of sample (aqueous, solid) and analyst, among others.
6. To provide laboratory evidence that the analyzes are certified by a licensed chemist to practice the profession in Puerto Rico and who is up to date in the membership fees of the Association of Licensed Chemists of Puerto Rico.
7. Statistical summary of laboratory quality controls for each parameter and matrix (% R, PDR, laboratory control / duplicate laboratory control "LC / LCD", and "Matrix Spike Duplicate - MS / MSD", among others), as applicable to the method of analysis. Must include your acceptance criteria for each of these.
8. Chromatograms, calibration curve and raw data.
9. Copy of the field data and Chain of Custody duly completed.
10. Photos of the sampling locations with their proper identification. The day, the time at which the photo was taken and a brief description must be presented.
11. The Board may require a hard copy of the analytical results or other documents for the corresponding evaluation at any time. The petitioner must provide at his own expense, the information if so requested.
Maps
1. Geographic location
2. Topographic map (1:20,000)
3. Plan of the UST system as it is located in the installation
4. Delimitation of the installation (property lines) and the use of adjacent land
5. Location of wells in the vicinity of the place
6. Final sampling point diagram