CORRECTIVE ACTION PROCESS REPORT/PLAN COVER SHEET
CHAPTER 245 - STORAGE TANK AND SPILL PREVENTION ACT

Storage Tank Facility ID #: _______________________________________________________
Consultant Name: ____________________________________________________________________
Consultant Mailing Address: ____________________________________________________________________

Consultant Email Address: ____________________________________________________________________
Responsible Party Name: ____________________________________________________________________
Responsible Party Mailing Address: ____________________________________________________________________

Responsible Party Email Address: ____________________________________________________________________
Media of Concern: □ Soil □ Groundwater
Contaminant(s) (e.g. unleaded gasoline): _______________________________________________________

(check all that apply to the enclosed submission)

☐ Remedial Action Progress Report
☐ Risk Assessment Report (e.g. vapor intrusion, ecological, or human health risk calculations)
☐ Site Characterization Report – Section 245.310(b)
  □ Residential □ Nonresidential
☐ Site Characterization Report – Statewide Health or Background Standard
  □ Residential □ Nonresidential
☐ Site Characterization Report – Site Specific Standard
  □ Residential □ Nonresidential
☐ Remedial Action Plan – Statewide Health or Background Standard
  □ Residential □ Nonresidential
☐ Remedial Action Plan – Site Specific Standard
  □ Residential □ Nonresidential
☐ Remedial Action Completion Report – Statewide Health or Background Standard
  □ Residential □ Nonresidential
☐ Remedial Action Completion Report – Site Specific Standard
  □ Residential □ Nonresidential
☐ Post Remediation Care Report
☐ Environmental Covenant
  □ Draft □ Final

☐ Other: ____________________________________________