CORRECTIVE ACTION PROGRESS REPORT

FACILITY NAME: _____ FACILITY I.D. NO.: _____
IDEM PROJECT MANAGER: _____ INCIDENT NO.: _____

CONSULTANT COMPANY: _____
CONSULTANT NAME AND SIGNATURE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NO.: (____) _____-_____ Ext.: _____

SUBMITTAL DEADLINES (FOR OFFICE USE ONLY)

CURRENT REPORTING TYPE: ‘ QUARTER ‘ FINAL

TODAY'S DATE____/____/____

REPORTING PERIOD	DUE DATE	REPORTING PERIOD	DUE DATE
‘ January 1st-March 31st	April 30th	‘ April 1-June 30th	July 31st
‘ July 1-September 30th	October 31st	‘ October 1-December 31st	January 31st

SITE INFORMATION

CONTAMINANT(S):

‘ GASOLINE ‘ VIRGIN HYDROCARBON OIL ‘ WASTE OIL
‘ HIGH-END LIQUID HYDROCARBON FUEL (KEROSENE, JET FUEL, DIESEL, ETC.)
‘ HAZARDOUS: CAS NO. _____
‘ MTBE

SELECTED CORRECTIVE ACTION FOR: ‘ SOIL ‘ GROUNDWATER

‘ VAPOR EXTRACTION ‘ LAND FARM ‘ PUMP AND TREAT
‘ AIR SPARGING ‘ BIOREMEDIATION ‘ STABILITY MONITORING
‘ MONITORED NATURAL ATTENUATION
‘ OTHER: _____

VOLUME TREATED

	Current Quarter		Cumulative Annual Total	
Free Product	_____	gallons	_____	gallons
Groundwater	_____	gallons	_____	gallons
Soil	_____	cubic yards	_____	cubic yards
Soil to Landfill	_____	cubic yards	_____	cubic yards
Est. Vocs	_____	pounds	_____	pounds

CONTAMINATION CONCENTRATION MONITORING

Please fill in the lettered rows with the appropriate petroleum or hazardous constituent name(s). Fill in the “sample I.D.” column with abbreviated monitoring well numbers (such as “MW-1”) and soil boring numbers (such as “SB-1”). Please list the three highest contaminant levels only. Additional sampling information may be requested.

SOIL:

Sample I.D.	Units	A _____	B _____	C _____	D ____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

GROUNDWATER:

Sample I.D.	Units	A _____	B _____	C _____	D ____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____