

FREE PRODUCT RECOVERY REPORT

SUBMITTAL DATE:

____/____/____
(for this event)

FACILITY NAME: _____

FACILITY I.D. NUMBER: _____

UST OR AST INCIDENT NUMBER: _____

Date free product released (if known):
Type of free product released (i.e. diesel, gasoline):
Estimated quantity of free product released:
Number of monitoring wells at site:
Number of monitoring wells containing free product:
Total number of recovery events to date:

Gallons of total fluids recovered (purgewater and free product):
Gallons of free product recovered:

This Event	Cumulative

Date of current and previous recovery events: _____

Monitoring wells containing free product: Identify and indicate well diameter and product thickness for this event: (example: MW-1 / 2 inch /4.0 inches)

____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____

Method of removal (bailer, pump, etc.)?:

Frequency of removal (weekly, monthly, etc.)?:

Method of containment (drum, tank, etc.)?:

Is purgewater and free product contained separately?:

If no, total number of drums/tanks?:

Total number of drums/tanks containing only free product?:

Total number of drums/tanks containing only purgewater?:

Status of purgewater (stored on-site, disposed of, removed?): _____

Status of free product (stored on-site, disposed of, removed)?: _____

Miscellaneous information not directly requested: _____

Name of person responsible for implementing the free product removal measures? _____

SUBMIT WITH FOLLOWING ATTACHMENTS:

- ξ Scaled map identifying: all monitoring wells, groundwater elevations, groundwater elevation contours, and primary groundwater flow direction (from the most recent measuring event)
- ξ Scaled map identifying: all monitoring wells and free product thickness
- ξ Narrative description of activities as necessary to fully describe free product removal procedures
- ξ Copies of any disposal records where purgewater or free product was hauled off site and disposed

Signature of Preparer of this Report: _____

Type or print Name: _____

Company Name: _____

Company Address: _____