REMEDIATION REPORTING

Air ID #: _____

Please complete the following and submit with a cover page:

(Check One)   ____ MEME   ____Pilot Study Report

____Semi-annual Remediation Report   ____Final Remediation Report

____ Other: Specify _____

Consulting Firm: _____

Facility Name: _____

Facility Address: _____

Facility City: _____ **Facility County:** _____

Facility ID Number: _____-_____-_____ **UST Incident No.:** _____-_____-_____

Hours of Operation to date: _____

Average Flow Rate: _____ **(ft^3/min)**

Average Groundwater Recovery Rate: _____ **(gal/min)**

Type of Air Pollution Control Device (APCD) Used: _____

_____

If carbon is used, a carbon log detailing breakthrough testing and dates of replacement should be attached.

PLEASE ATTACH MONITORING DATA AND CALCULATIONS USED TO DETERMINE AIR EMISSIONS.

ADEM Project Manager: _____

Consultant Project Manager: _____

Consulting Firm: _____

Phone No. (_____) _____

Project Manager Signature: _____ **Date:** _____