



Illinois Environmental Protection Agency

Bureau of Land • 1021 N. Grand Avenue E. • P.O. Box 19276 • Springfield • Illinois • 62794-9276

The Agency is authorized to require this information under Section 4 and Title XVI of the Environmental Protection Act (415 ILCS 5/4, 5/57 – 57.17). Failure to disclose this information may result in a civil penalty of not to exceed \$50,000.00 for the violation and an additional civil penalty of not to exceed \$10,000.00 for each day during which the violation continues (415 ILCS 5/42). Any person who knowingly makes a false material statement or representation, orally or in writing, in any label, manifest, record, report, permit, or license, or other document filed, maintained or used for the purpose of compliance with Title XVI commits a Class 4 felony. Any second or subsequent offense after conviction hereunder is a Class 3 felony (415 ILCS 5/44 and 57.17). This form has been approved by the Forms Management Center.

Leaking Underground Storage Tank Program Groundwater Monitoring Plan (for sites classified as Low Priority)

A. Site Identification

IEMA Incident # (6- or 8-digit): _____ IEPA LPC# (10-digit): _____

Site Name: _____

Site Address (not a P.O. Box): _____

City: _____ County: _____ Zip Code: _____

Leaking UST Technical File

B. Site Information

1. Will the owner/operator seek reimbursement from the Underground Storage Tank Fund? Yes No
2. If yes, is the budget attached? Yes No
3. Is this an amended plan? Yes No

4. Identify the material(s) released: _____

5. Identify the indicator contaminants for the material(s) released:

- Benzene, Ethylbenzene, Toluene, Xylenes
- MTBE (for gasoline releases reported on or after 6/1/02)
- Polynuclear Aromatic Hydrocarbons
- LUST Pollutants
- Other (attach)

C. Supporting Documentation

Provide the following:

1. Proposed timetable for well installation, all sampling events, and report submittal;
2. A discussion of the:
 - a. Monitoring well development procedures;
 - b. Monitoring well sampling procedures; and
 - c. Activities that will be taken to prevent cross-contamination between groundwater samples;

3. Site map(s) meeting the requirements of 35 Ill. Adm. Code 732.110 showing the:
 - a. Locations of the soil borings;
 - b. Locations of monitoring wells;
 - c. Direction of groundwater flow; and
 - d. Radius of 200 feet from the UST system; and

4. A discussion of the adequacy of the final monitoring well configuration to detect the migration of groundwater contamination.

D. Signatures

All plans, budget plans, and reports must be signed by the owner or operator and must list the owner's or operator's full name, address, and telephone number.

UST Owner or Operator

Name _____
 Contact _____
 Address _____
 City _____
 State _____
 Zip Code _____
 Phone _____
 Signature _____
 Date _____

Consultant

Company _____
 Contact _____
 Address _____
 City _____
 State _____
 Zip Code _____
 Phone _____
 Signature _____
 Date _____

E. Certification

I certify under penalty of law that all activities that are the subject of this plan were conducted under my supervision or were conducted under the supervision of another Licensed Professional Engineer or Licensed Professional Geologist and reviewed by me; that this plan and all attachments were prepared under my supervision; that, to the best of my knowledge and belief, the work described in this plan has been completed in accordance with the Environmental Protection Act [415 ILCS 5], 35 Ill. Adm. Code 732, and generally accepted standards and practices of my profession; and that the information presented is accurate and complete. I am aware there are significant penalties for submitting false statements or representations to the Illinois EPA, including but not limited to fines, imprisonment, or both as provided in Sections 44 and 57.17 of the Environmental Protection Act [415 ILCS 5/44 and 57.17].

Licensed Professional Engineer or Geologist

Name _____
 Company _____
 Address _____
 City _____
 State _____
 Zip Code _____
 Phone _____
 Ill. Registration No. _____
 License Expiration Date _____

L.P.E. or L.P.G. Seal

Signature _____
 Date _____