



HEATING OIL POLLUTION LIABILITY INSURANCE PROGRAM SCOPE OF WORK

Service Provider: _____ Date: _____

Reason for complaint: _____

I. Owner/Contact Information

Owner Name: _____ Phone No.: _____

Mailing Address: _____
Street City Zip Code

Contact Name (if different from owner): _____ Phone No.: _____

Mailing Address: _____
Street City Zip Code

II. SITE INFORMATION **SITE MUST BE FULLY CHARACTERIZED WITHIN THE APPROVED \$5,000 PRIOR TO SUBMITTING SCOPE OF WORK FOR PLIA'S REVIEW. PROCEDURES FOR CONDUCTING A REMEDIAL INVESTIGATION (SITE CHARACTERIZATION) IS DEFINED AS WAC 173-340 350(7).

Site Address: _____
Street City Zip Code

Tax Parcel No.: _____

Age of Tank: _____ Tank Size: _____ Current Heat Source: _____

Tank Location & Type (e.g. front yard under window): _____

Soil Type: _____ Proximity to Surface Water (in feet/miles): _____

Name of Surface Water (if known): _____

Depth to Groundwater (To help answer this go to <http://apps.ecy.wa.gov/welllog/>): _____

Area-Wide Soil Contamination. For information about the area-wide soil contamination project, please refer to the following web site: www.ecy.wa.gov/programs/tcp/area_wide/area_wide_hp.html. For information about the Tacoma Smelter Plume (TSP) and the Associated Management Plan, please refer to the following web site: www.ecy.wa.gov/programs/tcp/sites/tacoma_smelter/ts_hp.htm.

Is the Site located within an area affected by smelter emissions, such as the TSP area?

Yes No Unknown

To determine whether your Site is located within the TSP area, please refer to the map on the TSP web site identified above.

Is this site located within a three mile radius of a Puget Sound Initiative (PSI) cleanup area?

(http://www.ecy.wa.gov/programs/tcp/sites_brochure/psi/overview/psi_baywide.html)

No Yes If yes, indicate which PSI cleanup area: _____

Is the Site impacted by area-wide arsenic and/or lead soil contamination?

Yes No Unknown

Does the release affect any public right-of-ways (e.g., streets)?

No Yes

If yes, please specify (*attach additional pages if necessary*):

Please list any neighboring properties affected by the release:

Owner Name: _____ Tax Parcel No: _____

Site Address: _____
Street City Zip Code

Owner Name: _____ Tax Parcel No: _____

Site Address: _____
Street City Zip Code

Owner Name: _____ Tax Parcel No: _____

Site Address: _____
Street City Zip Code

Does the release pose an immediate threat to human health (e.g. fumes in home, affected drinking water source)?

No Yes

If yes, please specify (*attach additional pages if necessary*):

Please describe how the release was discovered and the extent of the contamination (*attach additional pages if necessary*):

Please attach map(s) that identify the following:

- The location and physical characteristics of the site.
- The properties and any public right-of-ways affected by the site.
- The location of the tank.
- The nature and extent of contamination at the site.
- The location(s) of surface water and ground water wells (please include ground water flow direction).

III. DESCRIPTION OF CLEANUP ACTIVITIES

****IF APPLICABLE**

Heating Oil Tank (HOT) Removal Date: _____

Date new HOT installed or replaced w/aboveground HOT & location: _____

Amount of contaminated soil removed during excavation: _____ tons

Accepted treatment facility of excavated soil: _____

Initial soil sample result (parts per million): _____; Depth: _____

Base sample result (ppm): _____; depth: _____

North wall sample result (ppm) _____; depth: _____

South wall sample result (ppm): _____; depth: _____

East wall sample result (ppm): _____; depth: _____

West wall sample result (ppm): _____; depth: _____

Water encountered in excavation Y/N: _____; depth: _____

Water recharge in excavation pit Y/N: _____

Biological treatment information: _____

Bio placed in excavation, liquid/solid: _____; Initial date of bio treatment: _____;

Treatment #1 date: _____; Treatment #2 date: _____;

Treatment #3 date: _____; Treatment #4 date: _____;

Bio treatment risers removed: _____

Budget spent: _____; budget remains: _____

III. DESCRIPTION OF PLANNED CLEANUP ACTIVITIES

****Area of contamination determined by field screening, attach diagram/map:**

North of tank pit – Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____

Method used for field screening:
 PID reading(s) _____
 Water sheen test visible
 Other: _____

Comments:

East of tank pit – Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____

Method used for field screening:
 PID reading(s) _____
 Water sheen test visible
 Other: _____

Comments:

West of tank pit – Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____
Method used for field screening:
 PID reading(s) _____
 Water sheen test visible
 Other: _____

Comments:

South of tank pit – Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____
Method used for field screening:
 PID reading(s) _____
 Water sheen test visible
 Other: _____

Comments:

Base of tank pit – Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____
Latitude: _____ Longitude: _____ Depth: _____
Method used for field screening:
 PID reading(s) _____
 Water sheen test visible
 Other: _____

Comments:

Please rate the following for each cleanup alternative available, 1 being the most permanent and 36 being the least permanent. **** WAC 173-340-360(3)(e) Disproportionate Cost Analysis**

****WAC 173-340-360(4) Restoration Timeframe; 36 is associated to 3 years for projected Site Closure**

****Considerations when rating:**

- **Ground Water Sampling Plan (please attach proposed sampling plan for PLIA approval)**
- **Vapor Monitoring in Accordance with Ecology guidance (please attach proposed monitoring plan for PLIA approval)**
- **Emergency Situations:** In an **emergency** situation, (i.e. if heating oil has contaminated a well or groundwater, stream, lake or storm sewer) contact the State Emergency Management Division at 1-800-258-5990 and the Dept. of Ecology. Ecology responds to incidents involving oil and hazardous materials that may harm Washington’s environment, public health, and safety. Ecology is the designated State-On-Scene Coordinator for oil spills to water; 24-hour a day response service.

	Alternative 1	Alternative 2	Alternative 3
<u>Evaluation Criteria:</u>	Excavation	Bioremediation	Excavation/Bio
Protectiveness - Overall protectiveness of human health and the environment.			
Permanance - The degree to which the alternative permanently reduces the toxicity, mobility or volume of contamination.			
Cost - The cost to implement the alternative.			
Long-term Effectiveness - The degree of certainty that the alternative will be successful.			
Management of Short-term Risks - The risk to human health and the environment associated with the alternative.			
Technical & Administrative Implementability - Ability to be implemented including consideration of whether the alternative is technically possible.			
Consideration of Public Concerns - Whether the owner or other affected party has concerns regarding the alternative and the extent to which the alternative addresses those concerns.			
Total Score			

Bioremediation sample analysis plan (for Alternatives 2 and 3; attach additional pages if alternatives differ):

Product Name: _____ Product Manufacturer: _____

Year 1- Number of applications: _____ Amount/Volume of each application: _____
Application intervals (e.g. every 3 months): _____

Area of application(s): Latitude_____ Longitude _____
 Latitude_____ Longitude _____
 Latitude_____ Longitude _____
 Latitude_____ Longitude _____

Year 2- Number of applications: _____ Amount/Volume of each application: _____
Application intervals (e.g. every 3 months): _____

Area of application(s): Latitude_____ Longitude _____
 Latitude_____ Longitude _____
 Latitude_____ Longitude _____
 Latitude_____ Longitude _____

Year 3- Number of applications: _____ Amount/Volume of each application: _____
Application intervals (e.g. every 3 months): _____

Area of application(s): Latitude_____ Longitude _____
 Latitude_____ Longitude _____
 Latitude_____ Longitude _____
 Latitude_____ Longitude _____

Please provide a detailed list of costs for each alternative (e.g. labor, materials, equipment, etc.):

	Alternative 1	Alternative 2	Alternative 3
	Excavation	Bioremediation	Excavation/Bio
<u>Cost Detail:</u>			
Total			

IV. AUTHORIZATIONS

*No deviations from the work and costs detailed for the selected cleanup alternative may be made without written approval by **PLIA**.*

Service provider certifies that the information contained in this scope of work is true and accurate to the best of his or her knowledge and meets the minimum requirements of the Model Toxics Control Act (Chapter 70.105D RCW).

Service Provider Name: _____

Signature: _____

Date: _____

Owner has reviewed and acknowledged this scope of work and understands that work associated with his or her claim may not begin without the written authorization of the Pollution Liability Insurance Agency.

Owner Name: _____

Signature: _____

Date: _____

PLIA has reviewed and approves work to begin for the selected cleanup alternative.

Claim Manager Name: _____

Claim Manager Signature: _____

Date: _____

Approving Authority Name: _____

Approving Authority Signature: _____

Date: _____