



Heating Oil Insurance Program Scope of Work

Registration Number: _____

I. Owner and Contact Information

Owner Name: _____ Phone: _____

Mailing Address: _____
Street City Zip Code

Contact Name (if different from owner): _____ Phone: _____

Mailing Address: _____
Street City Zip Code

II. Site Information

Site must be fully characterized within the approved \$5,000 prior to submitting this Scope of Work for PLIA's approval. The procedures for conducting a remedial investigation (site characterization) is defined in [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 underwindow): _____

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

Surface Water Name (if known): _____

Depth to Groundwater (To help answer this go to <https://ecology.wa.gov/Regulations-Permits/Guidance-technical-assistance/Well-report-gateway>): _____



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Area-Wide Soil Contamination. For information about the area-wide soil contamination project, please refer to the following web site:

<https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Dirt-Alert-program>.

For information about the Tacoma Smelter Plume (TSP) and the Associated Management Plan, please refer to the following web site:

<https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Cleanup-sites/Toxic-cleanup-sites/Tacoma-smelter>

Is this site located within an area affected by smelter emissions, such as the TSP area? To determine whether your site is located within the TSP area, please refer to the map on the [TSP web site](#) identified above.

No Yes Unknown

Is this site located within a three-mile radius of a Puget Sound Initiative (PSI) cleanup area? <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Cleanup-sites/Toxic-cleanup-sites/Puget-Sound>

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

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

No Yes Unknown

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

No Yes If yes, please specify (*attach additional pages if necessary*):



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Please list any neighboring properties affected by the release:

Neighbor Name: _____ Tax Parcel No: _____

Site Address: _____
Street City Zip Code

Neighbor Name: _____ Tax Parcel No: _____

Site Address: _____
Street City Zip Code

Does the release pose an immediate threat to human health (e.g., fumes in the home, contaminated 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 any map that identifies 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 of any surface water and ground water wells (please include ground water flow direction).



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I. Description of Cleanup Activities (if applicable)

Heating oil tank (HOT) removal date: _____

Date new HOT was installed or replaced with above ground HOT and location: _____

Amount of contaminated soil removed during excavation: _____ tons

Accepted treatment facility of excavated soil: _____

Initial soil sample result (parts per million [ppm]): _____ 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: _____



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IV. 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 Readings
- 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 Readings
- Water sheen test visible
- Other: _____

Comments: _____



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West of tank pit:

Latitude:	Longitude:	Depth:
Latitude:	Longitude:	Depth:
Latitude:	Longitude:	Depth:

Method used for field screening:

- PID Readings
- 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 Readings
- Water sheen test visible
- Other: _____

Comments: _____



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Base of tank pit:

Latitude:	Longitude:	Depth:
Latitude:	Longitude:	Depth:
Latitude:	Longitude:	Depth:

Method used for field screening:

- PID Readings
- 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. Disproportionate Cost Analysis [WAC 173-340-360\(3\)\(e\)](#). Restoration Timeframe; 36 is associated to 3 years for projected Site Closure [WAC 173-340-360\(4\)](#).

Considerations when rating:

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

	Alternative 1	Alternative 2	Alternative 3
Evaluation Criteria:	Excavation	Bioremediation	Excavation/Bio
Protectiveness - Overall protectiveness of human health and the environment.			
Permanence - The degree to which the alternative permanently reduces the toxicity, mobility or volume of contamination.			



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	Alternative 1	Alternative 2	Alternative 3
Evaluation Criteria:	Excavation	Bioremediation	Excavation/Bio
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: _____



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	Alternative 1	Alternative 2	Alternative 3
	Excavation	Bioremediation	Excavation/Bio
Cost Detail:			
Total	\$	\$	\$

V. Payment

Payments are made within thirty (30) days after PLIA receives this form with any attached supporting documentation. Payment amounts may not exceed the amount pre-approved for site characterization.

NOTE: *Payment may be delayed or denied if supporting documentation (e.g., receipts, photos, plan for closure, etc.) is not submitted with this form or if work completed does not correspond with the approved Scope of Work.*

PLIA Approved Site Characterization Costs: \$ _____

Interim Site Characterization Payment Requested: \$ _____

Previous Payments: (\$ _____)



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VI. Authorizations – Scope of Work

Deviations from the work and costs detailed for the selected cleanup alternative may not be made without written approval by PLIA.

Service Provider

Service provider certifies that all records supporting the information provided in this scope of work are attached or on file with PLIA. Records will be made available to the owner upon request.

Service Provider Name: _____

Signature: _____ Date: _____

Owner

Owner has reviewed and acknowledges this Scope of Work and understands that work associated with owner’s claim may not begin without the written approval of PLIA.

Owner approves and accepts the completed work on this project to date and approves payment for the associated invoice(s).

Owner Name: _____

Signature: _____ Date: _____
