



# INTERIM RESPONSE ACTION (IRA) REPORT FORM

(Due within sixty days of completing the activities)

## OWNER/OPERATOR AND FACILITY DATA

### FACILITY INFORMATION:

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
LAT/LONG: \_\_\_\_\_  
FACILITY ID #: \_\_\_\_\_

### OWNER/OPERATOR INFORMATION:

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
PHONE: \_\_\_\_\_

## IRA ACTIVITIES

Description of IRA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actual volume of soil and/or ground water remediated: \_\_\_\_\_  
\_\_\_\_\_

Soil and/or ground water disposal documentation: \_\_\_\_\_  
\_\_\_\_\_

### SAMPLE COLLECTION PROCEDURES:

SAMPLE PRESERVATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAMPLING EQUIPMENT: \_\_\_\_\_  
\_\_\_\_\_

SAMPLING METHOD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FIELD SCREENING:

INSTRUMENT USED: \_\_\_\_\_  
METHODOLOGY USED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SAMPLING RESULTS

	PRE-IRA RESULTS			POST IRA RESULTS			
	SB	Depth	Conc. mg/kg	SB	Depth	Conc. mg/kg	Action Level
BENZENE							
TOLUENE							
ETHYLBENZENE							
TOTAL XYLENES							
MTBE							
BENZO (a) ANTHRACENE							
BENZO (a) PYRENE							
BENZO (b) FLUORANTHENE							
BENZO (k) FLUORANTHENE							
CHRYSENE							
DIBENZ (a,h) ANTHRACENE							
INDENO (1,2,3-cd) PYRENE							
NAPHTHALENE							
TPH (C6-C12)							
TPH (C10-C20)							
TPH (C20-C34)							
OTHER:							

## MISCELLANEOUS DATA

**THE FOLLOWING ITEMS MUST BE ATTACHED:**

***ADDITIONAL INFORMATION WHICH IS REQUIRED BY OAC 1301:7-9-13 OR ADDITIONAL INFORMATION WHICH CLARIFIES THE INVESTIGATION ACTIVITIES SHALL BE SUBMITTED AS APPENDICIES TO THIS REPORT.***

**TABLES:**

TABLE 1 - SOIL CONCENTRATIONS COMPARED TO ACTION & DELINEATION LEVELS

TABLE 2 - GROUND WATER CONCENTRATIONS COMPARED TO ACTION & DELINEATION LEVELS



**FIGURES:**

FIGURE 1 - TOPOGRAPHIC MAP

FIGURE 2 - SITE MAP SHOWING THE LIMITS OF THE EXCAVATION AND SAMPLE LOCATIONS

**APPENDIX:**

APPENDIX A – LABORATORY ANALYTICAL REPORT

APPENDIX B – CHAIN OF CUSTODY

APPENDIX C – PCS FORM

APPENDIX D – DISPOSAL DOCUMENTATION

The Interim Response Action Form **must** be signed by the UST owner/operator. The owner/operator is responsible for ensuring all data is accurate, and the form is legible and complete.

**OWNER / OPERATOR SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FORM PREPARED BY:** \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_