

Annual Report

(Insert Facility Name)

(Insert Calendar Year)

Name of Facility: _____

Completed by: _____
(print name)

Date: _____

(signature)

Company Official (if different than above): _____
(print name)

(signature)

(date)

Please complete all sections. Attach additional sheets as needed.

1) List all developments on the facility as of December 31.



(Insert Facility Name)

(Insert Calendar Year)

4) Were there any spills or other releases the facility in the past year?

Yes No (circle one). If yes, please describe briefly below, including date, estimated amount, type of material, emergency response, sampling, and who was notified.

5) Was the facility subject to any enforcement actions (WDEQ, EPA, USFWS) in the past year?

Yes No (circle one). If yes, please describe briefly below.



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(Insert Calendar Year)

6) Are there any proposed changes to the facility in the upcoming year?

Yes No (circle one). If yes, please describe briefly below.

All modifications require prior approval/authorization from WDEQ. Major modifications will require, at a minimum, an application for a permit to construct and an engineering design report. Please contact WDEQ to determine if the proposed modification will be considered a major modification.



(Insert Facility Name)

(Insert Calendar Year)

Groundwater Monitoring

Is groundwater monitoring performed at the facility?

Yes No (circle one). If yes, please complete the following table.

Date of Monitoring	Depth to Groundwater Measured?		Samples Collected?		Condition of Wells?
	Yes	No	Yes	No	

If yes, attach the following to this report:

_____ Depth to groundwater worksheet

_____ Attach potentiometric contour map for each monitoring event
(Optional, but recommended)

_____ Complete laboratory analytical report for groundwater samples



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Date	Depth to Groundwater <i>Top of casing or elevation</i> <i>(please circle one)</i>							
	MW	MW	MW	MW	MW	MW	MW	MW
	<small>(fill in well name/number)</small>	<small>(fill in well name/number)</small>	<small>(fill in well name/number)</small>	<small>(fill in well name/number)</small>	<small>(fill in well name/number)</small>	<small>(fill in well name/number)</small>	<small>(fill in well name/number)</small>	<small>(fill in well name/number)</small>

*Add more pages as needed.



Leak Detection Monitoring

Is facility equipped with leak detection monitoring such as leak detection sumps or leak detection wells?

Yes No (circle one). If yes, please complete the following table.

Date of Monitoring	Was water detected in leak detection?		Samples Collected?		Condition of leak detection monitoring?
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	

If yes, attach the following to this report:

_____ Leak detection monitoring logs

_____ Complete laboratory analytical report for leak detection samples (if performed)



Closure/Post Closure Plan and Costs

Is the facility required to review closure/post closure plan and associated costs on an annual basis?

Yes No (circle one). If yes, please complete the following.

Total Closure Costs	\$	Spreadsheet showing itemized costs attached? Yes No (circle one)
15% Contingency for closure costs	\$	
Total Post Closure Costs	\$	Spreadsheet showing itemized costs attached? Yes No (circle one)
15% Contingency for post closure costs	\$	
Grand Total:	\$	

Is this an increase or decrease from closure/post closure costs since last year?

Increase Decrease No Change (circle one).

