

REMEDATION APPROVAL

This form should be submitted to the Department to obtain Air Division approval prior to operating any type of remediation system. Depending on the type of remediation system being proposed, some of the following questions may not apply:

TYPE REMEDIATION SYSTEM: (Check One)

- Soil-Vapor Extraction (SVE) – soil only remediation
- Pump & Treat (PT) – groundwater only remediation
- Multi-Phase Vapor Extraction (MPVE) – soil & groundwater remediation
- SVE (w/PT) SVE (w/Air Sparging) Dual-Phase
- Mobile Enhanced Multi-Phase Extraction (MEME) – a short term remediation of soils and/or groundwater.

Is Free Product Present? Yes No Is This a Pilot Study? Yes No

OWNER: Name _____ Phone No.: (____) _____

Mailing Address _____

City _____ State _____ Zip _____

SITE: Facility Name: _____

Facility Address: _____

Location: (City) _____ (County) _____

Facility ID No.: _____ - _____ - _____ UST Incident No.: _____ - _____ - _____

CONTAMINANTS: On a separate page please list all contaminants along with the most recent sample data from all wells: groundwater and/or soil.

CALCULATIONS: Utilize the highest, most recent concentrations (not historical highs or averages) for each contaminant, the highest anticipated flow rate and it should be expressed in lbs/hr.

Groundwater Calculations:

Concentration (mg/L) X flow (gal/min) X Conversion (5.01×10^{-4}) = emissions (lbs/hr)

*Soil Calculations:

Concentration (mg/m³) X flow (m³/min) X Conversion (1.32×10^{-4}) = emissions (lbs/hr)

**Please note that most soil sample concentrations are expressed in mg/kg and must be converted to mg/m³ prior to using the above formula.*

REMEDIATION SYSTEM: Please provide a brief description along with a flow diagram of the remediation system. The information should include but not be limited to the following: maximum blower speed (ft³/min) and maximum groundwater recovery rate (gal/min) of the liquid ring pump(s).

Proposed date of implementation: _____

Anticipated groundwater recovery rate: _____ gal/min

Anticipated soil vapor extraction rate: _____ ft³/min

Dry soil bulk density: _____ g/cm³

Proposed Air Pollution Control Device (APCD) if system does not pass modeling:

Please include the following information for all sites (excluding MEME events):

Distances (ft) from emission point to fence: N: _____ S: _____ E: _____ W: _____
(Note: distance should reflect accessibility by the public, not necessarily property lines)

Emission Points- Should reflect the stack parameters without a APCD

From the Blower

Stack 1: Height above ground _____ ft Inside diameter _____ ft
Exit Velocity _____ ft/s Exit Temperature _____ °F

From the Air Stripper

Stack 2: Height above ground _____ ft Inside diameter _____ ft
Exit Velocity _____ ft/s Exit Temperature _____ °F

ADEM Project Manager: _____

Subcontractor: _____

Consultant Project Manager: _____

Consulting Firm: _____

Mailing Address: _____

City _____ State _____ Zip _____

Consultant E-mail address (optional): _____

Consultant Phone No.: (_____) _____

Consultant Signature: _____ Date: _____