Leaking Underground Storage Tanks

P.O. Box 200901

Helena MT 59620-0901

(406) 841-5000

REPORT AR-02 ABBREVIATED REPORT FORMAT

for Monitored Natural Attenuation (MNA) Sampling Activities

(This format may be appropriate for reporting one or more MNA Groundwater Sampling Events as part of an interim or long-term plan at a petroleum release site.)

An outline has been developed by the Department of Environmental Quality (DEQ) to illustrate basic information an *Abbreviated Monitored Natural Attenuation Report* must contain before it will be reviewed by the DEQ. Abbreviated Reports are requested by DEQ when either a plethora of site information already on-file makes a standard, detailed report redundant and unnecessary, or when the tasks are routine, and when a more meaningful summary report containing background information will be generated after performance of the requested work or at a future date. The following outline provides owner/operators and consultants with an understanding of the minimum requirements for preparation and submittal of an *Abbreviated Monitored Natural Attenuation Report* when specifically requested by the department. If any of the topics do not apply to your situation, please omit the section.

Unless otherwise requested by DEQ, do <u>not</u> include in the report a site history, site map, groundwater gradient map, plume maps, detailed procedural descriptions, tabular presentation of data or results, data interpretation, discussion, photographs, multiple copies, or report binding. Tasks or items <u>not</u> listed below are considered unnecessary items unless specifically requested in writing (by letter or facsimile) by DEQ.

1.0 COVER LETTER OR BRIEF ACTIVITY SUMMARY (One Page)

- 1.1 Date
- 1.2 Owner/Operator's Name and Mailing Address
- 1.3 Contact Person's Name and Mailing Address (if different from above).
- 1.4 Subject Line with the following information:
 - 1.4.1 Title (**Abbreviated Monitored Natural Attenuation Report**) for the petroleum release at (Facility Name, Street Address, Town, County, Montana); Facility ID (Number), Release (Number), and Work Plan ID (Number).
- 1.5 Introductory paragraph containing reference to DEQ request for abbreviated report, and the purpose of the specific task(s) that were conducted. Include the title and date of approved Corrective Action Plan (CAP).
- 1.6 Scope and temporal summary paragraph specifying the groundwater monitoring wells sampled, when the event was conducted, number of samples collected, the collection method used (purge, no-purge, hand bail, peristaltic pump, upper 24-inches of water column, etc.), and laboratory analyses conducted.
- 1.7 Consultant's Name, Address and Phone Number (if not on letterhead).

2.0 LABORATORY ANALYTICAL REPORT, CONCLUSIONS, AND RECOMMENDATIONS

- 2.1 Groundwater Sample Laboratory Analytical Report (submit only a copy of laboratory report including chromatograms, QA/QC, laboratory sample receipt form, and chain of custody, as issued by the laboratory).
- 2.2 Description of any issues (i.e. damaged monitoring wells; couldn't sample some wells; sample preservation, holding, or analytical issues).
- 2.3 Anomalous data trends (only if evident).
- 2.4 Conclusions. (Provide a brief conclusions paragraph. If more than a brief paragraph appears necessary, contact the DEQ project manager).
- 2.5 Recommendations. (Provide a brief list of recommendations, if appropriate. If more than a brief list appears to be necessary, contact the DEQ project manager).
- 2.6 Date of next sampling event; Number of sampling events remaining in currently approved CAP.