

TOXIC SUBSTANCES CONTROL PROGRAM

OFFICIAL POLICY/PROCEDURE

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TITLE: Procedures for Certifying Completion of  
Hazardous Waste Site Remedial Action

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DESCRIPTION:

This policy is being modified to clarify the use of the certification form for those sites completely mitigated through a Remedial or Removal Action. In addition, the signature page for the certification form has been moved up front and the signature block for the registered engineer or geologist has been deleted. The Remedial Action Certification Form Transmittal Sheet (Appendix B) has also been deleted.

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APPROVED BY: \_\_\_\_\_  
                  C. David Willis  
                  Deputy Director

\_\_\_\_\_ Date

cc: TSCP Technical Reference Center

OPP Form 005 (9/89)  
(blue)

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TOXIC SUBSTANCES CONTROL PROGRAM  
PROCEDURES FOR CERTIFYING COMPLETION OF  
HAZARDOUS WASTE SITE REMEDIAL ACTION

OPP# 86-22

PURPOSE

This document establishes a uniform procedure for evaluating and certifying the satisfactory completion of remedial action activities at sites contaminated with hazardous wastes. The attached Remedial Action Certification Form (Appendix A): (1) provides a mechanism for reporting the certification of cleanup efforts; (2) supersedes the form and process known as the "Kizer Report" which has been used to report cleanups to Headquarters; and (3) will be used to identify sites for deletion from the Expenditure Plan, to prepare legislative reports and as a basis for selecting sites for quality assurance evaluations or for audit by Headquarters personnel.

POLICY STATEMENT

The attached Remedial Action Certification Form is to be used for all hazardous waste sites to document that complete mitigation has occurred as a result of a remedial or removal action (RA).

A Remedial Action Certification Form will be filed for all of the following actions:

1. Mitigation of Expenditure Plan (listed) or non-Expenditure Plan (unlisted) sites.
2. Deletion of sites which were inappropriately included in the Expenditure Plan.
3. RCRA corrective action resulting in satisfactory abatement of a site.
4. Enforcement case settlement resulting in satisfactory abatement of a site.

The Remedial Action Certification Form shall not be used for a Removal Action when further investigation and abatement actions are to be performed at a site. See Management Memo #88-2, Documentation and Reporting of Removal Actions.

PROCEDURES

Procedures for preparation and use of the Remedial Action Certification Form are identified below in the context of the roles and responsibilities of applicable Toxic Substances Control Program (TSCP) staff.

Regional Section

The Regional staff overseeing the remedial action are responsible for completing the Remedial Action Certification Form as soon as all remedial action is completed and verified. Typically, the Regional Site Mitigation unit project managers will initiate this

report. The report is to be completed for all site cleanup actions involving TSCP whether or not the site was included in the Expenditure Plan. A Remedial Action Certification Form shall also be completed if a removal action has completely mitigated the site. TSCP staff in other program units shall also use this form to report remedial or removal actions resulting in the mitigation of hazardous waste contamination which occur as a RCRA permitting or enforcement action. (There is currently a separate reporting process for emergency responses to off-highway releases of hazardous substances). A copy of the completed certification report is to be maintained in the regional site file along with a remedial investigation (RI), feasibility study (FS), remedial action plan (RAP), remedial design (RD), remedial action, (RA), and operation and maintenance (O&M) reports and documents. In addition, Regional staff should include pertinent information and documentation in the site file to (1) assist in cost recovery, (2) respond to questions from Headquarters staff and the news media, and (3) respond to reviews by oversight agencies.

#### Regional Section Managers

Senior Project Managers in the Regional Sections are primarily responsible for coordinating the actions of their staff regarding all site mitigation activities, and for providing quality assurance and control. Specifically, these Senior Project Managers are responsible for monitoring regional staff activities to ensure that certification forms are submitted in all appropriate cases, that the information is correct, and that sufficient documentation is provided to support all factual statements.

#### Regional Unit and Regional Administrators

The Regional Administrator has final authority for certifying cleanup of all types of sites. Signing the certification form are the Regional Project Manager, Senior Project Manager, Regional Unit Chief, and the Regional Administrator. By so signing, these signatories certify that all necessary remedial or removal actions have been satisfactorily completed and that the information contained in the certification report is accurate to the best of their knowledge.

#### Program Administration and Support Division - Site Mitigation (PASD - SM)

Certification packages will be logged in by the PASD-SM. PASD-SM will maintain a copy of all certification forms and respond to requests for copies of the completed forms. PASD-SM will send copies of the completed forms to PASD-Cost Recovery Unit (CRU), identifying the state and federal statute of limitation dates. PASD-SM will also be responsible for training regional staff, as necessary, on the preparation and use of the certification form.

Information provided in certification packages will be used by PASD-SM staff to update the Expenditure Plan, prepare legislative and summary reports of site cleanups, identify sites for audit and/or quality assurance evaluations, and other miscellaneous activities.

#### TIMING OF SUBMITTALS

Regional Section staff should submit a certification form no later than 10 working days after verification that completion of a remedial or removal action has resulted in the satisfactory abatement of a hazardous waste site. The cleanup action must be affirmed and documented by completion of a final inspection report and analysis of post-implementation sampling results by Regional staff.

For sites that require ongoing operation and maintenance, a completed certification form should be submitted (1) upon completion of the specific actions required by the approved remedial action plan and (2) after the Regional Site Mitigation Unit Chief is satisfied that the long-term cleanup systems appear to be functioning as designed. It is noted that a determination can be made at any time during the O&M monitoring phase that additional remedial actions are necessary to improve the performance of the long-term cleanup efforts. Any site requiring such additional actions will be reclassified in the Expenditure Plan and listed as an "active site" until the improvements are fully implemented and tested.

#### ROUTING OF CERTIFICATION FORM

All certification packages should be routed in a manila folder to appropriate staff for signature. The routing procedure is as follows: Regional Project Manager, Senior Project Manager, Regional Unit Chief, and Regional Administrator. After the certification package has received the required signatures/approvals, a copy of the certification form will be routed to the PASD-SM Planning and Policy Unit. PASD-SM will then forward copy to CRU.

REMEDIAL ACTION CERTIFICATION FORM  
(Please type or print in black ink only)  
Instructions for completion on pages 8 - 10.

1. Certification of Remedial or Removal Action:

I hereby certify that the following information is true and correct to the best of my knowledge.

- |    |                          |       |
|----|--------------------------|-------|
| 1. | _____                    | _____ |
|    | Regional Project Manager | Date  |
| 2. | _____                    | _____ |
|    | Sr. Project Manager      | Date  |
| 3. | _____                    | _____ |
|    | Regional Unit Chief      | Date  |
| 4. | _____                    | _____ |
|    | Regional Administrator   | Date  |

2. Certification Statement: Based upon the information which is currently and actually known to the Department,

\_\_\_\_\_ The Department has determined that all appropriate response actions have been completed, that all acceptable engineering practices were implemented and that no further removal/remedial action is necessary and the site will be removed from the list of sites requiring remediation pursuant to H&SC Section 25356.

\_\_\_\_\_ The Department has determined, based upon a remedial investigation or site characterization, that the site poses no significant threat to public health, welfare or the environment and therefore, implementation of removal/remedial measures is not necessary and the site will be removed from the list of sites requiring remediation pursuant to H&SC Section 25356.

\_\_\_\_\_ The Department has determined that all appropriate removal/remedial actions have been completed and that all acceptable engineering practices were implemented; however, the site requires ongoing operation and maintenance (O&M) and monitoring efforts. The site will be deleted from the "active" site list developed pursuant to H&SC Section 25356 following (1) a trial operation and maintenance period and (2) execution of a formal written settlement between the Department and the responsible parties, if appropriate. However, the site will be placed on the Department's list of sites undergoing O&M to ensure proper monitoring of long-term cleanup efforts.

3. Site Name and Location: (Street Address, County, City and Zip Code)

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A. List any other names that have been used to identify this site:

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B. Address of site if different from above: \_\_\_\_\_

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C. Assessor's Parcel Numbers: \_\_\_\_\_

4. Responsible Parties: (Use extra pages if necessary)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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City: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Relationship to site: (i.e., generator, hauler, etc.)

Current Landowner/Operator \_\_\_\_\_

5. Brief Description and History of the Site: (Include previous and current uses of the site, a brief description of the cleanup action and concentrations of significant hazardous substances left on site)

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6. Type of Site: (Check appropriate response)

Included in Bond Expenditure Plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

RCRA-Permitted Facility \_\_\_\_\_ Bond - funded \_\_\_\_\_

RCRA Facility Closure \_\_\_\_\_ RP - funded \_\_\_\_\_

\*NPL \_\_\_\_\_

Federal Facility \_\_\_\_\_

Other (i.e., walk-in): \_\_\_\_\_ Explain Briefly: \_\_\_\_\_

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7. Size of Site: (Based on Expenditure Plan definition of size)

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large \_\_\_\_\_

8. Dates of Remedial or Removal Action:

A. Initiated \_\_\_\_\_ B. Completed \_\_\_\_\_

\* Per SARA, any NPL site that is not permanently cleaned must be scheduled for a follow-up visit after 5 years to verify that cleanup measures are still satisfactory.

9. Response Action Taken on Site: (Check appropriate action)

- \_\_\_\_\_ Removal Action (satisfactory abatement of site)
- \_\_\_\_\_ Final Remedial Action
- \_\_\_\_\_ RCRA Enforcement/Closure Action
- \_\_\_\_\_ No action, further investigation verified that no cleanup action at site was needed.

A. Type of Remedial or Removal Action (i.e. Excavation and redisposal, cap, on-site treatment?): \_\_\_\_\_

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B. Estimated quantity of waste associated with the site (i.e., tons/gallons/cubic yards) which was:

- 1. \_\_\_\_\_ Treated Amount: \_\_\_\_\_
- 2. \_\_\_\_\_ Untreated (capped sites) Amount: \_\_\_\_\_
- 3. \_\_\_\_\_ Removed Amount: \_\_\_\_\_



10. Cleanup Levels/Standards:

A. What were the cleanup standards established by the Department pursuant to the final remedial action plan (RAP) or workplan (if cleanup occurred as the result of a removal action (RA) prior to development of a RAP)?  
\_\_\_\_\_

B. Were the specified cleanup standards met? Yes \_\_\_ No \_\_\_

C. If "no", why not: \_\_\_\_\_  
\_\_\_\_\_

11. DHS Involvement in the Remedial or Removal Action:

A. Did the Department order the Remedial or Removal Action?  
Yes \_\_\_ No \_\_\_ Date of order \_\_\_\_\_

B. Did the Department review and approve the following plans and/or procedures? (indicate date of review/approval if done):

Sampling Analysis Procedures Date \_\_\_\_\_

Health & Safety Protections Date \_\_\_\_\_

Removal/Disposal Procedures Date \_\_\_\_\_

Remedial Action Plan Date \_\_\_\_\_

C. If the site was abated by a responsible party, did the Department receive a signed statement from a licensed professional on all phases of the Remedial Action? (indicate date of statement)

Design & Construction Specifications Date \_\_\_\_\_

Post Construction Date \_\_\_\_\_

D. Did a registered engineer or geologist verify that acceptable engineering practices were implemented?  
Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

E. Did the Department confirm completion of all Remedial or Removal Actions?  
Yes \_\_\_ No \_\_\_ Date of verification \_\_\_\_\_  
(i.e. manifest, sampling, demonstrated installation and operation of treatment).

- F. Did the Department (directly or through a contractor) actually perform the Remedial or Removal Action?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Contractor: \_\_\_\_\_
- G. Was there a community relations plan in place? Yes \_\_\_\_\_ No \_\_\_\_\_
- H. Was a Remedial Action Plan developed for this site? Yes \_\_\_\_\_ No \_\_\_\_\_
- I. Did DHS hold a public meeting regarding the draft Remedial Action Plan?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- J. Were public comments addressed?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Date of DHS analysis and response: \_\_\_\_\_
- K. Are all of the facts cited above adequately documented in the DHS files? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, identify areas where documentation is lacking \_\_\_\_\_

12. EPA Involvement in the Remedial or Removal Action:

- A. Was the EPA involved in the site cleanup? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. If yes, did EPA concur with all remedial actions? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. EPA comments \_\_\_\_\_

EPA staff involved in cleanup: \_\_\_\_\_  
(Name, Title)  
\_\_\_\_\_  
(Address, Phone Number)

13. Other Regulatory Agency Involvement in the Cleanup Action:

Agency:	Activity:
_____ RWQCB	_____
_____ ARB	_____
_____ CHP	_____
_____ Caltrans	_____
_____ Other	_____

Name of contact persons and agency: \_\_\_\_\_  
\_\_\_\_\_

14. Post-Closure Activities:

A. Will there be post-closure activities at this site? (i.e., Operation and Maintenance) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have post-closure plans been prepared and approved by the Department? Yes \_\_\_\_\_ No \_\_\_\_\_

C. What is the estimated duration of post-closure (including operation and maintenance) activities? \_\_\_\_\_ years.

D. Are deed restrictions proposed or in place? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" have deed restrictions been recorded with the County recorder? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
If "no", who is responsible for assuring that the deed restrictions are recorded? \_\_\_\_\_

Who is the TSCP contact? \_\_\_\_\_  
Name/Phone Number

E. Has cost recovery been initiated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, amount received \$ \_\_\_\_\_; \_\_\_\_\_ % of DHS costs.

F. Were local planning agencies notified of the cleanup action? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, the name and address of agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Expenditure of Funds and Source:

(Information to be supplied by Toxic Accounting Unit.)

Funding Source and amount expended:

_____ HWCA \$ _____	_____ HSA \$ _____
_____ HSCF \$ _____	_____ RCRA \$ _____
_____ RP \$ _____	_____ Other \$ _____
_____ Federal Cooperative Agreement \$ _____	

16. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions for Completion

1. Certification sign-off - items one through four must be signed off for all certified sites.
2. Certification statement - check appropriate statement, i.e., the second paragraph should be checked if the site was inadvertently listed on the Expenditure Plan.
3. Site Name - List name and address of site as listed in the Expenditure Plan.
  - (A) Site Name if different - List all other names that site has been called since site has been identified if different than 3 above.
  - (B) Location of site - List all addresses previously reported by TSCP since site was initially identified if different from 3 above.
  - (C) Parcel Number - List all appropriate Assessor's Parcel Numbers.
4. Responsible Parties - List all identified responsible parties.
5. Description and History of the Site - Indicate date site was identified, also briefly describe the cleanup action taken and date of completion.
6. Type of Site - Check appropriate response as indicated and add explanations as needed.

7. Size of Site - Please check appropriate response as noted in the current Expenditure Plan.
  
8. Dates of Remedial or Removal Action -
  - (A) Initiation date should reflect the date that "cleanup measures" were started (i.e. date when excavation started) not date of remedial investigation - not date of preliminary assessment.
  - (B) The completed date is the final date when remedial or removal measures were taken on site.
  
9. Response Action Taken - Check appropriate statement; has the site been satisfactorily abated through a removal action as defined in H&SC, Section 25323 or through a remedial action as defined in H&SC, Section 25322; was the site a RCRA corrective action; an enforcement case; or was it determined that no cleanup was necessary.
  - (A) Describe Remedial or Removal Action taken on-site or off-site. Enter description of waste treatment and/or removal.
  - (B) Estimate amount of hazardous waste and indicate if it has been treated, untreated, or removed. Check appropriate description.
  
10. Cleanup Levels/Standards - Self Explanatory. Please be specific in providing information concerning the cleanup levels established.
  
11. DHS involvement in the Remedial or Removal Action - Answer items A-K as noted. Please provide all information, including names and dates, as requested. (i.e., explanation of contractor or name of outside agency involvement with outside parties requested in item F.)

12. EPA Involvement - A through B are self explanatory. Item C, includes any additional comments or recommendations from EPA.
13. Other Regulatory Involvement (not DHS or EPA) in remedial action: Check appropriate agency and list activity performed.
14. Post-closure Activities: Answer items A - F as appropriate.
15. Expenditure of Funds: Regional SMU will obtain this information from the Accounting Unit.
16. Any additional information that should be highlighted.