

Remedial Action Plan Checklist

For all sites undergoing L1, L2 or L3 Limited Remediation or Full property

Instructions

- All relevant sections of this Checklist must be completed and accompany the Remedial Action Plan.
- The signature required on this form is from the managing Site Professional.
- All regulatory protocols must be followed and all forms/checklists must be completed separately for each property. This means that a source property and an impacted third party property must have all documents filed separately. Once the source property or impacted third party property is identified by the check box below, all subsequent reference on this form/checklist are to that site owner.
- Forms/checklists must be complete prior to filing with the Minister.

1 - Site Location and Contact Information

Details provided on this form are applicable to ☐ Source Property **OR** ☐ Impacted Third Party Property

Site Location Mandatory must be completed.	Site Address _____	City _____
	Parcel Identification Number (PID) _____	Postal Code _____
	Additional information, Lot No., GPS, location relative to landmark, etc. _____	
Property Owner Mandatory must be completed.	Name _____	Phone _____
	Email _____	Fax _____
	Company Name (if applicable) _____	City _____
	Mailing Address _____	Postal Code _____
Recognized Agent This section is Optional.	Name _____	Phone _____
	Email _____	Fax _____
	Company Name _____	City _____
	Mailing Address _____	Postal Code _____
Contact for correspondence if different than above. This section is Optional.	Name _____	Phone _____
	Email _____	Fax _____
	Company Name (if applicable) _____	City _____
	Mailing Address _____	Postal Code _____

Site Professional

Contact Information	Name _____	Phone _____
	Email _____	Fax _____
	Company Name _____	City _____
	Mailing Address _____	Postal Code _____

2 - Remedial Action Plan Requirements

Remedial Action Plan Requirements

Confirm the following information has been submitted to the Department. Indicate Report and Page Number where information is documented. The Site Professional must ensure all work has been completed in accordance with PRO-600, *Remedial Action Plan Protocol*.

Supporting Information provided	Reference Document	
	Yes	Section Page Number
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

1	A summary of all data collected on contaminants identified during the environmental site assessments	<input type="checkbox"/>		
2	Description of contaminants of concern and the affected media (e.g., soil, groundwater, sediment, or surface water)	<input type="checkbox"/>		
3	The selected remediation pathway, either limited remediation or full property remediation; in the case of limited remediation, the appropriate category (L1, L2, or L3)	<input type="checkbox"/>		
4	Identification of the remediation criteria in accordance with PRO-500, Remediation Levels Protocol, which will form the basis for confirming completion of remediation	<input type="checkbox"/>		

Remedial Action Plan Requirements		Supporting Information provided	Reference Document	
Confirm the following information has been submitted to the Department. Indicate Report and Page Number where information is documented. The Site Professional must ensure all work has been completed in accordance with PRO-600, Remedial Action Plan Protocol.		Yes	Section	Page Number
5	Detailed description of the remediation to be conducted, including consideration of physical/chemical limitations, construction requirements, and environmental implications	<input type="checkbox"/>		
6	Is Conditional Closure being pursued as part of the remediation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, any required exposure management controls are in place in accordance with the PRO-500, Remediation Levels Protocol	<input type="checkbox"/>		
7	A Risk Management Plan, in accordance with PRO-600, Remedial Action Plan Protocol, describing long term exposure management measures, when conditional closure is planned.	<input type="checkbox"/>		
8	Documentation and derivation of any site specific target levels calculated in a risk assessment in accordance with the PRO-500, Remediation Levels Protocol, including use of Atlantic RBCA methodology for petroleum hydrocarbons.	<input type="checkbox"/> N/A <input type="checkbox"/>		
9	Where soil vapour and indoor air sampling are conducted, confirmation that the latest version of the Atlantic RBCA Guidance for Soil Vapour and Indoor Air Assessments, as referenced in PRO-500, Remediation Levels Protocol, has been followed.	<input type="checkbox"/> N/A <input type="checkbox"/>		
10	Any intended subsurface injections, including microbial solutions, oxygen release chemicals, chemical oxidizing solutions, etc.	<input type="checkbox"/> N/A <input type="checkbox"/>		

Impacted Third-Party Property Considerations		Yes	No
If “Impacted Third Party Property” is selected in Section 1 this section must not be completed			
1	Are there impacted third party properties?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, a Remedial Action Plan for the impacted third party property(ies) has been included within the source property Remedial Action Plan, as required by PRO-600, Remedial Action Plan Protocol.	<input type="checkbox"/>	<input type="checkbox"/>
2	Have or will impacted third parties be remediated to unconditional criteria?	<input type="checkbox"/>	<input type="checkbox"/>
	If no, written consent for the application of a Tier 2 conditional SSRS, or long term risk management on the impacted third party property(ies) has been obtained and is provided.	<input type="checkbox"/>	<input type="checkbox"/>

3 - Declaration

Site Professional Declaration	
I acknowledge it is an offence under Section 158 of the <i>Environment Act</i> to provide false or misleading information, and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the <i>Environment Act</i> and <i>Contaminated Sites Regulations</i> . By signing below, I confirm my qualifications and liability insurance as a site professional as prescribed within the regulations.	
<input type="checkbox"/> Reports and checklist/s have been provided to the affected property owner.	
Name (<i>Print</i>) _____	Professional Registration Number/Stamp _____
Signature _____ Site Professional	Date _____ MM/DD/YYYY

Return completed form and associated documents to the Department of Environment Regional Office.
To find your Regional Office go online at novascotia.ca/nse/dept/division.emc.asp#central or call 1-877-936-8476