



FINAL REPORT SUMMARY

The Final Report Summary (FRS) is a brief report consisting of set of data required in addition to the Act 2 Final Report. The summary is used in part as a reference to the Final Report Approval Letter which conveys liability relief to the remediator and other applicable persons. It is of value long after the remediation to be used by the public and Department in understanding key information about the site and remediation.

This use is increased by the fact that it will ultimately be merged into the Department's eFACTS system, which allows the public to have the ease of computer access to environmental information at sites. For more information, see www.ahs.dep.pa.gov/eFACTSWeb/default.aspx. Finally, the summary will be used by the Department to help to better assess the status and the level of success of the program. In the past, numbers of sites remediated has been tracked. With the inclusion of this summary information, progress can be tracked in many specific ways, including identification of individual chemical constituents, and the mass treated, removed or managed safely in place.

Identification

Property Name _____

Property Descriptor _____

Address / Location

Address _____

City _____ Zip Code _____

Municipality(s) _____ County(ies) _____

Latitude _____° (deg). _____' (min) _____" (sec) Longitude _____° (deg). _____' (min) _____" (sec)

Horizontal Collection Method _____

Horizontal Reference Datum _____ Reference Point _____

Property Specifics

Size of Property _____ Number of Sites _____

Combined acreage of sites _____

Remediation

Standards attained or special industrial area attainment. (Check all that apply. Can use multiple.)

☐ Background ☐ Statewide Health ☐ Site-Specific ☐ Special Industrial Area

Proposed future property use - scenario for which the attainment of Statewide Health standard is demonstrated

☐ Residential ☐ Non-residential

List of contaminants

Soils

Chemical Name	CAS Number	Mass Contaminant Treated or Removed (lbs.)	Mass Contaminant Managed on Site (lbs.)

Groundwater

Chemical Name	CAS Number	Mass Contaminant Treated or Removed (lbs.)	Mass Contaminant Managed on Site (lbs.)

Remediation

Number of sampling rounds for groundwater attainment: _____

Special Features

Non-use aquifer approval date: _____

Area-wide background approval date: _____

Amount of waste removed other than soil or groundwater (cubic yards): _____

☐ Municipal ordinance prohibiting groundwater use:☐ Post remediation care plan:

Other Programs

- ☐ Key Site
- ☐ Multi-site Agreement; Date: _____
- ☐ Enterprise Zone
- ☐ Keystone Opportunity Zone

Administrative

- ☐ Municipality request for public involvement plan

Deed notification

- ☐ Deed acknowledgment:

- ☐ Environmental covenant:

Cleanup cost (\$): _____

Jobs created/saved: _____

Narrative: Provide property history and description, site characterization findings, site description, summary of remediation, summary of attainment demonstration, description of pathway elimination, engineering and institutional controls, and benefits of land reuse, when applicable.

Remediator / Property Owner / Consultant. Complete the form below for each recipient obtaining a release of liability upon approval of the final report. Attach additional sheets as necessary.

Remediator

Contact Person/Title _____ eFACTS Client ID* _____
 Relationship to Site _____ Client Type* _____
 (e.g. owner, remediator, participant in cleanup, consultant, etc.)
 Phone Number _____ Email Address _____
 Company Name _____ EIN or Federal ID # _____
 Street Address _____
 City _____ State _____ Zip Code _____

Property Owner

Contact Person/Title _____ eFACTS Client ID* _____
 Relationship to Site _____ Client Type* _____
 (e.g. owner, remediator, participant in cleanup, consultant, etc.)
 Phone Number _____ Email Address _____
 Company Name _____ EIN or Federal ID # _____
 Street Address _____
 City _____ State _____ Zip Code _____

Consultant

Contact Person/Title _____ eFACTS Client ID* _____
 Relationship to Site _____ Client Type* _____
 (e.g. owner, remediator, participant in cleanup, consultant, etc.)
 Phone Number _____ Email Address _____
 Company Name _____ EIN or Federal ID # _____
 Street Address _____
 City _____ State _____ Zip Code _____

*Include eFACTS Client ID (if known) – “Client Types” below:

Association/Organization	Limited Liability Company	Partnership-General
Authority	Limited Liability Partnership	Partnership-Limited
County	Municipality	School District
Estate/Trust	Non-Pennsylvania Government	Sole Proprietorship
Federal Agency	Other (Non-Government)	State Agency
Individual	Pennsylvania Corporation	

Attachments: In addition to the data entered in this FRS, the Department requests scanned image(s) of a map view of the site indicating, at a minimum, the boundaries of the "site" relative to the locations of the adjacent property boundaries. The location of the site (as defined by Act 2) is that which will receive the liability relief conveyed by Act 2, Chapter 5. The maps may portray other features but should clearly show the Act 2 site boundaries. You may also attach other applicable image files or attachments. These files should be in Adobe Acrobat (*.pdf), GIF (*.gif) or JPEG file interchange format (*.jpg).