

# CHECKLIST FOR CLOSURE ASSESSMENT REPORT

Facility Name PRA Property  
 Address 100 Basworth / 60 Centre St  
Providence, RI  
 UST Facility ID No. 3472 LUST No. \_\_\_\_\_

Locust Map (US Geological Survey Quadrangle)	<u>Yes</u>	No	
Detailed Site plan showing UST system layout, utilities, etc.	<u>Yes</u>	No	
Description of tanks (size, construction material, contents)	<u>Yes</u>	No	
Description of tank (condition upon inspection)	<u>Yes</u>	No	
Photographs of each tank removed	<u>Yes</u>	No	
Tank Disposal Documentation	<u>Yes</u>	No	N/A
Sludge Disposal Documentation	<u>Yes</u>	No	
Concrete Slurry Fill Slips	<u>Yes</u>	No	<u>N/A</u>
Tank Tightness Testing Results	<u>Yes</u>	No	<u>N/A</u>
Type of Field Screening Instrument Used	<u>Yes</u>	No	
Soil Screening Results	<u>Yes</u>	No	
Groundwater Classification	<u>GAA</u>	GA	GA/NA <u>(GB)</u>
Visual description of groundwater	<u>Yes</u>	No	
Public and Private wells	<u>Yes</u>	No	<u>Not Disc.</u>
Groundwater monitoring wells on site	<u>Yes</u>	No	<u>Not Disc.</u>
Evidence of a release	<u>Yes</u>	No	<u>Not Disc.</u>
Receptors Listed	<u>Yes</u>	No	N/A
Soil Analytical Results & Chain of custody	<u>Yes</u>	No	N/A
Contaminated Soil Disposal Documentation	<u>Yes</u>	No	N/A
Conclusions and Recommendations	<u>Yes</u>	No	
Accuracy Statement by owner/operator	<u>Yes</u>	No	
Accuracy Statement by consultant	<u>Yes</u>	No	
Signature by P.E., CPG or RPG	<u>Yes</u>	No	

DISPOSITION: ☐ Deficiencies Noted, Resubmission Required  
☐ Issue Closure Certificate  
☐ Site Investigation Required  
☐ No Further Action (SRO)  
☒ Other All required information in

Reviewer: [Signature]

Date: 5/17/09

Bruce

Consultant Recommends  
AN SIR.

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