Remedial Action Plan Checklist

This checklist is for all sites undergoing L1, L2 or L3 Limited Remediation or Full Property Remediation.



Postal Code _

| ☐ New submission | ☐ Updated checklist | NSE file number (mandatory) | 33000 | | | | |
|---|--|---|---|--|--|--|--|
| Instructions for | completing this checklist | | | | | | |
| All relevant sections The signature requir All regulatory protoc source property and third party property Each checklist item justification of why a | of this checklist must be completed and red on this checklist is from the managing cols must be followed, and all forms/che an impacted third-party property must less identified by the check box below, all so corresponds to a requirement in the Regard minimum requirement was not completed ust be complete before filing. | g site professional. cklists must be completed separately for a separately for a separately. On subsequent reference on this form/checklulations or Protocols. It is not accepta | or each property. This means that a ce the source property or impacted cklist are to that site owner. | | | | |
| 1 - Site Location | n and Contact Information | | | | | | |
| Details provided on this form are applicable to Source Property or Impacted Third-Party Property | | | | | | | |
| Site Location Mandatory must be completed. | Parcel Identification Number (PID) | central point) Easting | City Postal Code Northing | | | | |
| Property Owner Mandatory must be completed. | Email Recognized Agent (if applicable) | | Phone Fax City | | | | |
| be completed. | Mailing Address Preferred method of correspondence | | Postal Code | | | | |
| Contact for | Name Email Recognized Agent (if applicable) | | Phone Fax | | | | |
| Correspondence If different than above. | Company Name (if applicable) | | City Postal Code | | | | |
| Site Professional | Email | | Phone Fax City | | | | |
| Mandatory must | Company Name | | Oity | | | | |

Preferred method of correspondence (select one) ☐ Letter or ☐ Email

Mailing Address _

Professional Registration Number ___

be completed.

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2 - Remedial Action Plan Requirements

| Remedial Action Plan Requirements | | | | | |
|-----------------------------------|--|----------------------|--------------------|---------|--------|
| O | | Information provided | Reference Document | | |
| | | | | | Page |
| | | Yes | Report | Section | Number |
| Inti | rusive Investigation | | | | |
| 1 | A summary of all data collected on contaminants identified during the environmental site assessments | | | | |
| 2 | Description of contaminants of concern and the affected media (e.g., soil, groundwater, sediment, or surface water) | | | | |
| 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) | | | | |
| 4 | Identification of the remediation criteria in accordance with PRO-500, Remediation Levels Protocol, which will form the basis for confirming completion of remediation | | | | |
| 5 | Detailed description of the remediation and/or risk management to be conducted, including consideration of physical/chemical limitations, construction requirements, and environmental implications | | | | |
| 6 | Is Conditional Closure being pursued as part of the remediation? \Box Yes \Box No | | | | |
| | If yes, any required exposure management controls are in place in accordance with the PRO-500, Remediation Levels Protocol | | | | |
| 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. Not Applicable | | | | |
| 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. Not Applicable | | | | |
| 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. Not Applicable | ٥ | | | |
| 10 | Any intended subsurface injections, including microbial solutions, oxygen release chemicals, chemical oxidizing solutions, etc. Not Applicable | | | | |
| lm | pacted Third-Party Considerations | | | | |
| lf "I | mpacted Third-Party Property" is selected in Section 1 this section must not be completed | | | Yes | No |
| 1 | 1 Are there impacted third party properties? If yes, complete the remaining questions. If no, go to the next section. | | | | |
| 2 | 2 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. | | | | |
| 3 | Have or will impacted third parties be remediated to unconditional criteria? | | | | |
| | If no, written consent for the application of a Tier 2 conditional SSRS, or long-term risk manage impacted third-party property(ies) has been obtained and is provided. | ement on the | | | |

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3 - Declaration

Site Professional Declaration

| Reports Applicable to Checklist | |
|---------------------------------|-------------------|
| Report Title | 3 Digit Report ID |
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Return completed form and associated documents to your local Nova Scotia Environment office.

Find office locations online novascotia.ca/nse/dept/regional-office-locations.asp or call 1-877-936-8476.