



**2. Groundwater**

- a. Are there any known or observed groundwater wells present?

Yes      No

- b. Are these well(s) used for drinking water?

Yes      No      Not Applicable

If no, please state what they are used for (i.e. irrigation, cooling, etc.):

- c. Are there environmental monitoring wells present?

Yes      No

**3. Engineered Controls** (e.g. asphalt, concrete, building foundations, landscaped areas, etc.)

- a. What are the engineered controls required on the Site? (Check all that apply)

Two feet of clean fill

One foot of clean fill over geotextile liner

Asphalt (minimum four inches asphalt over six inches of clean fill)

Concrete (minimum four inches concrete over six inches of clean fill)

Building Foundation(s)

Fencing

Restricted/Controlled Access

Impermeable cover (to prevent infiltration)

Passive Sub-Slab Depressurization System (SSDS) or Sub-Slab Ventilation System (SSVS)

Vapor Barrier

Other; Please describe:

- b. Overall Condition of Engineered Control(s)

Good

Acceptable

Non-compliant

Not Applicable (Sites where only groundwater is restricted)

- c. Are there any areas on the property that have broken concrete, cracked asphalt, potholes, eroded landscaping, etc.?  
Yes      No

If yes, please provide a description of the area(s) of concern:

Can stormwater infiltrate through these areas into underlying contaminated soils?

Yes      No      N/A; Infiltration Not Restricted

Estimated timeline to make necessary repairs to engineered controls?

- d. Have there been any soil disturbances or excavations into the cap (engineered control) in the last year?      Yes      No

If yes, please describe the extent and location(s) of the area of disturbance?

Please provide the reason or cause for disturbance or excavation:

Was this disturbance or excavation approved by the Department?

Yes, Date of Approval:

No, Did not Require Pre-Approval

No

N/A

Was the Soil Management Plan (SMP) properly followed?      Yes      No

If no, please explain:

Was any soil taken offsite?      Yes      No

Were the remedial controls (i.e., cap) properly restored?      Yes      No

If no, please explain:

- e. Within the past year has there been any construction at the property unauthorized by the department?      Yes      No

If yes. please explain:

Did this construction disturb site soils, the existing building, or capped surfaces (asphalt, concrete, or landscaped areas)?      Yes      No

Have the engineered controls been restored in accordance with the Soil Management Plan?

Yes      No      If no, estimated timeline for restoration?

- f. Have there been any subsurface structures (underground storage tanks, below grade foundations, septic systems, storm water systems, French drains, etc.) constructed or installed since the remediation was completed?      Yes      No

If yes, Please detail:

Was Department approval obtained?

Yes, Date of Approval:

No

- g. Condition of landscaped areas

Good      Acceptable      Non-compliant      N/A (no landscaping)

- h. Does the cap effectively limit exposure to contaminated subsurface soil?

Yes      No      If no, estimated timeline for restoration?

#### 4. Property Use

- a. Are there currently any residential uses on the property (i.e., houses, apartments, condominiums, etc.) that **were not** previously approved by the Department?

Yes      No      Residential Use is Permitted

If yes, please explain:

- b. Are there currently any schools, daycare facilities. or recreational spaces on the property that **have not** been approved by the Department?

Yes      No      Residential Use is Permitted

If yes, please explain:

- c. Has the property use changed in any way since the ELUR was recorded?

Yes      No

If yes, please explain:

**5. Fencing (if applicable)**

- a. Overall Condition of the Fencing  
Good                      Acceptable                      Non-compliant                      No Fence Required
  
- b. If locked fencing is required, is the lock(s) in working condition and the fence currently locked?  
Yes                      No                      N/A
  
- c. Does the fencing effectively limit access to the ELUR area?  
Yes                      No                      N/A

**6. Overall Assessment**

Does this site meet the requirements of the ELUR?  
Compliant                      Non-compliant

**7. Observations, comments, and areas of concern (if non-compliant, include plan to repair & timeline)**

**8. Please attach photos that document compliance with the ELUR, potential areas of concern, and the current state of the engineered controls.**

**9. After completing and signing the following page, please email the completed ELUR Annual Self-Inspection Form to [DEM.ELURAnnualMon@dem.ri.gov](mailto:DEM.ELURAnnualMon@dem.ri.gov).**

For any questions regarding this form, please contact the Site Project Manager assigned or email [DEM.ELURAnnualMon@dem.ri.gov](mailto:DEM.ELURAnnualMon@dem.ri.gov) or call the Office of Land Revitalization & Sustainable Materials Management at 401.222.2797.

**Certification of Property Owner**

I \_\_\_\_\_ certify to the best of my knowledge that this Annual Compliance Evaluation Form is a complete and an accurate representation of the site and contains all known facts concerning the Environmental Land Use Restriction imposed on the site.

Signature \_\_\_\_\_      Owning Company (If applicable) \_\_\_\_\_

Printed Name \_\_\_\_\_      Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_      Email Address \_\_\_\_\_

**Certification of the Inspector (if different than Owner)**

I \_\_\_\_\_ certify to the best of my knowledge that this Annual Compliance Evaluation Form is a complete and accurate representation of the site and contains all known facts concerning the Environmental Land Use Restriction imposed on the site.

Signature \_\_\_\_\_      Company Name \_\_\_\_\_

Printed Name \_\_\_\_\_      Title \_\_\_\_\_

Contact Information (If Applicable) \_\_\_\_\_

Telephone Number \_\_\_\_\_      Email Address \_\_\_\_\_