

**RI Department of Environmental Management
Environmental Land Usage Restriction (ELUR)
Annual Compliance Evaluation Form**
(Please type or print)

Site Name: _____ Property Owner: _____
RIDEM File No.: _____ Owner Mailing Address: _____
RIDEM Project Manager: _____
ELUR Recording Date: _____ Inspection Date: _____
Owner Telephone Number: _____ E-Mail: _____

This Annual Compliance Evaluation Form is not appropriate for use on sites that require the use of any active remediation systems (e.g. active SSDS, ongoing air or groundwater monitoring, etc.) unless explicit, written permission has been granted by the Department.

1. Site Description

a. Site Address: _____

b. Plat: _____ Lot(s): _____

c. Is the ELUR applicable to the entire site?

_____ Yes _____ No

If no, please describe the portion of the property subject to the ELUR: _____

d. What does the ELUR restrict? (Select all that apply)

- _____ Residential Uses
_____ Groundwater
_____ Exposure to Site Soils
_____ Infiltration of Water
_____ Subsurface Structures
_____ Other (Please Explain): _____

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. Please provide a brief description of the engineered control(s) (e.g. building foundations, one foot of clean fill over a geotextile liner, etc.): _____

- b. Overall Condition of Engineered Control(s)

Good Non-compliant
 Acceptable 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: _____

Could water infiltrate through these areas into underlying contaminated soils?

Yes No N/A; Infiltration Not Restricted

When will the area(s) of concern be repaired? _____

- d. Have there been any soil disturbances or excavations into the cap (engineered control) in the last year?

Yes No

If yes:

How large was 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
_____ N/A

Was the Soil Management Plan (SMP) properly followed?
_____ Yes _____ No _____ N/A

If no, please explain: _____

Was any soil taken offsite?
_____ Yes _____ No _____ N/A

- 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

If yes, please specify: _____

- 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 Explain: _____

Was permission of the Department's Office of Waste Management obtained?
_____ Yes, Date of Approval: _____
_____ No

g. Condition of landscaped areas
 Good Acceptable Non-compliant N/A

h. Does the cap effectively limit exposure to contaminated subsurface soil?
 Yes No N/A

4. Property Use

a. Are there any residential uses on the property (i.e. houses, apartments or condominiums, etc.) that **were not** previously approved by the Department?
 Yes No Residential Use is Permitted

If yes, please explain: _____

b. Are there any schools, daycare facilities or recreational facilities 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. Does the fencing effectively limit the ELUR area?
 Yes No N/A

6. Overall Assessment

Does this site meet the standard imposed in the ELUR?
 Compliant Non-compliant

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	_____ Environmental Company Name
_____ Printed Name	_____ Title
_____ Contact Information (If Applicable)	
_____ Telephone Number	_____ Email Address