



Site Summary Form – Contaminated Site Assessment

For completion by the person(s) submitting a report(s) to be assessed by the EPA Division. Completing this form enables the EPA Division to maintain accurate records for the site.

Please note: Each box must be filled out appropriately. Please do not write “refer to report” in any section.
Copies of all relevant/current Certificates of Title must accompany this form.

Site location details:

Site name (e.g. where site may be known by a common/ business name)

Lot no. House no. Street

Suburb State Postcode

Crown Reserve (if applicable)

Certificate(s) of Title (or equivalent) Volume/Folio:

Where the subject site comprises of multiple certificates of title, please list all certificates:.....

Where substances have migrated beyond the cadastral boundaries of the subject site, please provide the addresses, relevant Certificates of Title documentation and owners details for all offsite properties impacted (includes soil and/or groundwater), as an attachment to this form.

Is a hard copy of Certificate of Title and associated sketch for all listed sites attached? (Y/N) If not, why not?

Current Owner/Occupier details:

Site owner (Name and address)

Site owner company ACN/ABN

Site occupier (name and address)

Site occupier company ACN/ABN

Site status (at time of reporting):

Current land use (e.g. industrial/commercial/residential)

Proposed land use (if applicable) (e.g. high density residential/child care facility)

Identified substances and relevant media (e.g. benzene in soil and groundwater, xylene in soil only)

Asbestos (Y/N)	<input type="text"/>	Health Risk Assessment (Y/N)	<input type="text"/>	Community health concerns identified (Y/N)	<input type="text"/>	Radiological issues (Y/N)	<input type="text"/>
Air quality issues (Y/N)	<input type="text"/>	Past/present landfill (Y/N)	<input type="text"/>	Potential human exposure to identified substances > NEPM Health Investigation Levels or equivalent (Y/N)	<input type="text"/>	Other human health issues (Y/N)	<input type="text"/>

Specify other health issues.....

Are site activities licensed under Schedule 2 of the *Environmental Management and Pollution Control Act 1994*? (Y/N)

EPN No.

Where laboratory analysis has been undertaken, is the laboratory NATA accredited for all analytes and analytical methodologies used? (Y/N) (If not, why not?)

Community Consultation:

Community consultation program commenced/proposed (Y/N)

If not, why not?

Are consultation program details (e.g. community consultation plan) provided in attached report (Y/N)

History of Investigation:

Have previous site investigations been undertaken? (Y/N - if yes, please provide details below)

Report title, date and author:

Declaration:

The information contained in this site summary form is a true representation of the information contained in the attached report(s)/document(s).

Full name (print)

Position held

Signature

Date

Please ensure that a hardcopy of the current Certificate(s) of Title and associated sketch accompanies the site summary form.

EPA Division Registrar Only

Registrar name:

Signature:

CoT verified (Y/N)

Owner details verified (Y/N)

Complete form (Y/N)

Awaiting Classification (Y/N)

Awaiting Re-Classification (Y/N)

Incomplete Form (Y/N)

CSU Assessment Officer:

Comments/Actions:

Date of data entry: