

MISSOURI DEPARTMENT OF NATURAL RESOURCES (9pt. All Caps)  
 DRYCLEANING ENVIRONMENTAL RESPONSE TRUST (DERT) FUND  
**PRIORITIZATION RANKING**

**I. FACILITY INFORMATION**

FACILITY NAME		COUNTY CODE	PLANT NO.	TOTAL YEARS OF OPERATION AS A DRYCLEANER	
SITE ADDRESS			CITY	STATE	ZIP CODE
FACILITY MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE	ZIP CODE
LATITUDE (DECIMAL DEGREES)	LONGITUDE (DECIMAL DEGREES)	SOURCE OF LATITUDE/LONGITUDE DATA		TOWNSHIP, RANGE, SECTION	
FACILITY CONTACT PERSON	TITLE	FACILITY TELEPHONE NUMBER		FACILITY FAX NUMBER	

The purpose of the prioritization ranking form is to establish a ranking order for the allocation of moneys from the DERT Fund in accordance with Section 260.905, RSMo. The information used to rank this form will be evaluated by the department and will include a phase I conducted at the site.

DERT Funds will be allocated to prioritized sites in the following proportions: High priority sites: 60%; Medium priority sites: 30%; Low priority sites: 10%. In any fiscal year, if the funding allocation in any priority category is not used, those funds may be reallocated to other priority categories, starting with any high priority sites and followed by medium and low priority sites. Funding priority shall be given to sites requiring emergency action, such as impact to public water supply wells, domestic wells, surface water, water supply intakes, or when a high probability exists for direct human exposure or contact to contaminated waste, soil, air or water. Sites with an equivalent ranking score will be prioritized in a chronological order in which a completed DERT Fund application was received.

The interpretation of geological data that affects or has the potential to affect public health, safety, and welfare, must be conducted by or under the supervision of a Missouri registered geologist or a qualified professional engineer. The department requires this prioritization form to be sealed by a Missouri registered geologist or qualified professional engineer. The department will not accept forms that do not contain the required seal.

**SECTION I: FACILITY HISTORICAL AND CURRENT PRACTICES**

1. HOW LONG HAS THIS SITE BEEN UTILIZED AS A DRY CLEANING FACILITY? 0-10 years = 10 pts.    11-20 years = 20 pts.    21-30 years = 30 pts.    Over 30 years = 40 pts.	SCORE
2. HAS AN UNDERGROUND STORAGE TANK (UST) OR ABOVEGROUND STORAGE TANK (AST) BEEN USED FOR THE STORAGE OF SOLVENT AT THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, assign 15 pts.    If No, assign 0 pts.	
3. WAS VISUAL OR OTHER EVIDENCE OF A RELEASE OBSERVED DURING INVESTIGATIONS OF THE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, assign 15 pts.    If No, assign 0 pts.	
4. HAVE SOLVENTS, SOLID OR LIQUID, BEEN DISPOSED OF OR DISCHARGED TO A TRASH RECEPTACLE, SANITARY SEWER, SEPTIC TANK, SURFICIAL SOILS, STORM DRAINS, OR ANY OTHER LOCATION WHICH MAY ACT AS A ROUTE OF TRASPORT FOR CONTAMINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, assign 30 pts.    If No, assign 0 pts.	
<b>TOTAL POINTS FOR SECTION I →</b>	

**SECTION II: POTENTIAL RECEPTORS**

1. IS THE FACILITY OR ABANDONED PROPERTY LOCATED WITHIN 0.25 MILES OF A SCHOOL, PLAYGROUND, PUBLIC PARK, OR RESIDENTIAL NEIGHBORHOOD? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, assign 20 pts.    If No, assign 0 pts.	
2. IS A PRIVATE DRINKING WATER WELL LOCATED WITHIN 0.25 MILES OF THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, assign 20 pts.    If No, assign 0 pts.	
3. IS A PUBLIC DRINKING WATER WELL LOCATED WITHIN 0.25 MILES OF THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, assign 20 pts.    If No, assign 0 pts.	
4. IS A SPRING LOCATED WITHIN 0.25 MILES OF THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, assign 20 pts.    If No, assign 0 pts.	
5. IS A SURFACE WATER INTAKE LOCATED WITHIN 0.25 MILES OF THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, assign 20 pts.    If No, assign 0 pts.	

6. DO RESIDENTS AND WORKERS HAVE DIRECT UNCONTROLLED ACCESS TO THE CONTAMINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 20 pts. If No, assign 0 pts.	
7. IS THERE A POTENTIAL FOR VAPORS TO BE PRESENT IN ADJACENT STRUCTURES, BASEMENTS, ETC.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 20 pts. If No, assign 0 pts.	
8. ARE THERE UTILITY CORRIDORS THAT INTERSECT THE PLUME OF CONTAMINATION (IE. SEWER, WATER, PHONE, NATURAL GAS, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 20 pts. If No, assign 0 pts.	
<b>TOTAL POINTS FOR SECTION II →</b>	

**SECTION III: CONTAMINATION PRESENCE**

1. DOES THE CONTAMINATION IN SOIL EXCEED THE DEFAULT TARGET LEVELS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 30 pts. If No, assign 0 pts.	
2. IS THE TOTAL SIZE OF THE ESTIMATED SOIL PLUME GREATER THAN 1000 SQUARE FEET? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 20 pts. If No, assign 0 pts.	
3. DOES THE CONTAMINATION IN GROUNDWATER EXCEED THE DEFAULT TARGET LEVELS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 30 pts. If No, assign 0 pts.	
4. DOES THE EXTENT OF SOIL OR GROUNDWATER CONTZMINATION EXTEND OFF-SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 30 pts. If No, assign 0 pts.	
5. IS THE TOTAL SIZE OF THE ESTIMATED GROUNDWATER PLUME GREATER THAN 1000 SQUARE FEET? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 20 pts. If No, assign 0 pts.	
6. ARE SOLVENT IMPACTS PRESENT IN A FRACTURED ROCK SETTING (I.E. KARST)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 30 pts. If No, assign 0 pts.	
7. IS CONTAMINATION PRESENT IN A DRINKING WATER WELL EXCEEDING DRINKING WATER STANDARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 50 pts. If No, assign 0 pts.	
8. IS CONTAMINATION PRESENT IN SURFACE WATERS EXCEEDING THE DEFAULT TARGET LEVELS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 30 pts. If No, assign 0 pts.	
9. IS CONTAMINATION PRESENT IN VAPORS IN BUILDINGS OR UTILITIES EXCEEDING THE DEFAULT TARGET LEVELS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 40 pts. If No, assign 0 pts.	
10. IS DNAPL/FREE PRODUCT PRESENT IN THE SOIL AND GROUNDWATER? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 30 pts. If No, assign 0 pts.	
<b>TOTAL POINTS FOR SECTION III →</b>	

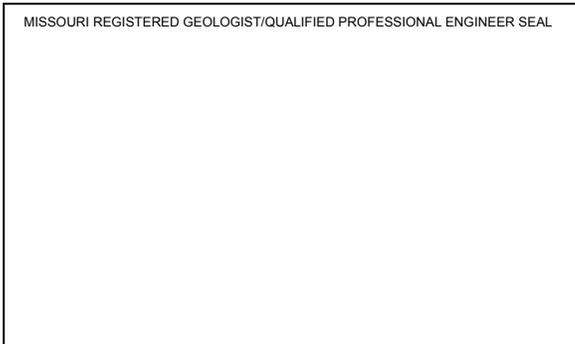
**SECTION IV: INTERIM MEASURES AND POTENTIAL USE**

1. HAVE INTERIM OR IMMEDIATE REMEDIAL MEASURES BEEN CONDUCTED AT THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 40 pts. If No, assign 0 pts.	
PLEASE LIST THE INTERIM OR IMMEDIATE MEASURE CONDUCTED	
2. HAVE ALL SOURCES OF CONTAMINATION BEEN REMOVED OR CONTROLLED? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, assign 30 pts. If No, assign 0 pts.	
3. WHAT IS THE PRESENT OR FUTURE USE OF THE AFFECTED AQUIFER? AFFECTED MEANS IN EXCESS OF THE DEPARTMENT'S DEFAULT TARGET LEVELS. <input type="checkbox"/> Drinking water = 30 pts. <input type="checkbox"/> Restricted Use – 0 pts. <input type="checkbox"/> Recreational use = 20 pts. <input type="checkbox"/> Not Applicable = 0 pts. <input type="checkbox"/> Livestock use = 10 pts. <input type="checkbox"/> Unknown = 30 pts.	
4. WHAT IS THE PRESENT OR FUTURE USE OF THE AFFECTED SURFACE WATER? AFFECTED MEANS IN EXCESS OF THE DEPARTMENT'S DEFAULT TARGET LEVELS. <input type="checkbox"/> Drinking water = 30 pts. <input type="checkbox"/> Restricted Use – 0 pts. <input type="checkbox"/> Recreational use = 20 pts. <input type="checkbox"/> Not Applicable = 0 pts. <input type="checkbox"/> Livestock use = 10 pts. <input type="checkbox"/> Unknown = 30 pts.	
<b>TOTAL POINTS FOR SECTION IV →</b>	

<b>Section I: Facility Historical and Current Practices</b>	SCORE
<b>Section II: Potential Receptors</b>	SCORE
<b>Section III: Contamination Presence</b>	SCORE
<b>Section IV: Interim Measures and Potential Use</b>	SCORE
<b>Total Prioritization Score</b>	TOTAL SCORE

I certify under penalty of law, that the information contained in this form and on any attachments is true, accurate, and complete to the best of my knowledge, information and belief.

SIGNATURE	TITLE
PLEASE PRINT NAME	DATE



**FOR DEPARTMENT USE ONLY**

DATE RECEIVED	PRIORITY <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW
RECEIVED BY	DATE RECEIVED
APPROVED BY	DATE APPROVED

COMMENTS