

REMEDATION EQUIPMENT STATUS FORM
To be completed by CEM

FACILITY INFORMATION	
Date	
Petroleum Fund Case #	
Facility ID #	
Facility Name	
Facility Address	
Owner (Claimant) Name	
Owner (Claimant) Address	
Owner (Claimant) Phone #	
Owner (Claimant) E-Mail	
CEM Name	
CEM Company Name	
CEM Address	
CEM Phone #	
CEM E-Mail	
Regulatory Case Officer	

STATUS INFORMATION: CHECK ALL THAT APPLY		
Remediation System Installation	Yes	No
Remediation System Modification	Yes	No
Remediation System Change in Ownership	Yes	No
Remediation System Shut-Down	Yes	No
Other (Please Specify)		

LIST OF ALL MAJOR REMEDIATION EQUIPMENT CURRENTLY AT THE SITE				
	Description	Make/Model #	Date Acquired	Purchase Price
1.				
2.				
3.				
4.				
5.				
6.				
7.				

For each remediation system listed above, provide photographs, as follows:

- A minimum of 4 photos of the entire remediation system, from different angles.
- Close-up photos of remediation system components, as needed to provide clarity.