SITE CONDITIONS QUESTIONNAIRE

Instructions:

Parties interested in volunteering for Branch-approved remedial actions can complete this Questionnaire independently or with the assistance of an environmental consultant. Please provide a response of "yes" (Y), "no" (N), or "unknown" (U), where applicable, for each question based on current knowledge, and provide additional information where requested. Unknown (U) should be selected when the extent of contamination has not yet been determined and/or environmental samples have not yet been collected.

The information on this form helps the Branch determine if the site will be overseen by state staff or cleaned up through the Branch’s privatized program depending on the level of risk posed and available staff resources.

Procedures:

1. Fill out the Questionnaire online. You may attach additional pages for further explanation, if needed.
2. Print the completed Questionnaire, any supplemental information, and the applicable certification statement associated with the entity completing the Questionnaire, e.g., a property owner (or a duly authorized agent of the property owner) or an environmental consultant.
3. Complete the certification statement and obtain the required notarized signature.
4. Mail the certified Questionnaire via U. S. Mail to a DEQ Project Manager or the following DEQ staff members according to whether the site is located in the eastern or western portion of the state:

   WESTERN UNIT OF NC
   Collin Day - Unit Supervisor
   450 W. Hanes Mill Road
   Winston-Salem, NC 27105
   (336) 776-9800

   EASTERN UNIT OF NC
   John Walch – Unit Supervisor
   1646 Mail Service Center
   Raleigh, NC 27699-1646
   (919) 707-8356
1. Is the contaminated property located on or immediately adjacent to residential property, schools, day-care centers or other sensitive populations? If yes, please attach a map showing all on-property and adjoining property use. □ Y □ N

2. Is the property completely surrounded by a locked fence? If no, please explain any known security measures to prevent public access to the site. □ Y □ N

3. Are site surface soils known to be contaminated? If yes, describe briefly the location, type and extent of known contamination. If unknown (U), briefly state the extent of investigation thus far. □ Y □ N □ U

4. Is site groundwater known to be contaminated? If yes, describe briefly the location, type and extent of known contamination. If unknown (U), briefly state the extent of investigation thus far. □ Y □ N □ U

5. Is site sediment or surface water known to be contaminated? If yes, describe briefly. If unknown (U), briefly state the extent of investigation thus far. □ Y □ N □ U

6. Has groundwater contamination affected any drinking water wells? If yes, please describe briefly. If unknown (U), briefly state the extent of investigation thus far. □ Y □ N □ U

7. What is the distance between known contamination and the nearest potable well (for example, drinking water well, irrigation well or industrial process well)?  

8. What is the distance between known contamination and the nearest down-gradient potable well (for example, drinking water well, irrigation well or industrial process well)?  

9. What is the distance to the nearest downstream surface water intake used as a water source?  

Site Conditions Questionnaire

NCDEQ Site Name (if known): ________________________________

NCDEQ Site ID number (if known): ____________________________

Site Street address, City and County: __________________________
Site Conditions Questionnaire (Cont.)

10. Is there an occupied structure within 100 ft of the current known extent of contamination? □ Y □ N □ U

11. Are hazardous vapors, air emissions or contaminated dust suspected to be migrating into residential, commercial or industrial areas? If yes, please describe briefly. If unknown (U), briefly state the extent of investigation thus far.

12. Have hazardous substances migrated off-property at concentrations in excess of Branch unrestricted-use remediation goals? If yes, please describe briefly. If unknown (U), briefly state the extent of investigation thus far.

13. Has the local community expressed concerns about contamination at the site? If yes, please explain.

14. Based on current information, are there any sensitive environments located on the property (See a full listing in the IHSB "Guidelines for Assessment and Cleanup" which can be found on the IHSB web page under the Guidance link)? If yes, please describe briefly.

15. Based on current information, has the contamination from the site migrated into any sensitive environments? If yes, please describe briefly. If unknown (U), briefly state the extent of investigation thus far.

16. Do site contaminants include radioactive or mixed radioactive and chemical wastes? If yes, please describe briefly. If unknown (U), briefly state the extent of investigation thus far.
Property Owner/Agent Certification Statement

After first being duly sworn or affirmed, I, _______________________________ , hereby state that: I am over the age of eighteen, I am competent to make this certification based upon my own personal knowledge and belief, and, to the best of my knowledge and belief, after thorough investigation, the information contained herein is accurate and complete. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

___________________________________________   ________________
(Signature)           (Date)

___________________________________________
(Printed Name and Title)

___________________________________________
(Printed Name of Company)

STATE OF ______________________________

COUNTY OF ______________________________

I, ________________________________, a Notary Public of said County and State, do hereby certify that ________________________________ personally appeared before me this day, produced proper identification in the form of ________________________________, was duly sworn and/or affirmed, and declared that he or she is the owner of the property referenced above or is a duly authorized agent of said owner and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is accurate and complete, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal the _______ day of _____________ 20___.

__________________________________________________
Notary Public (signature)

(OFICIAL SEAL)

My commission expires: ______________________
Environmental Consultant Certification Statement

After first being duly sworn or affirmed, I, ______________________________, hereby state that: I am over the age of eighteen, I am competent to make this certification based upon my own personal knowledge and belief, and, to the best of my knowledge and belief, after thorough investigation, the information contained herein is accurate and complete. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

___________________________________________   ________________
(Signature)           (Date)

___________________________________________
(Printed Name and Title)

___________________________________________
(Printed Name of Environmental Consulting Firm)

STATE OF ______________________________
COUNTY OF ____________________________

I, ___________________________________, a Notary Public of said County and State, do hereby certify that _____________________________________ personally appeared before me this day, produced proper identification in the form of _________________________________, was duly sworn and/or affirmed, and declared that he or she is providing environmental consulting services on behalf of the owner of the property or duly authorized agent of said owner and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is accurate and complete, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal the _______ day of _____________ 20___.

__________________________________________________
Notary Public (signature)

(OFFICIAL SEAL)

My commission expires: ______________________