Appendices (Ex Situ Soil)

Appendix A –Forms

1. Agreement for Land Application or Containment and Treatment of Soils Containing Petroleum Products on Private Lands UST-72 Form

2. Certificate of Approval for Storage/Treatment of Soil Containing Petroleum Products UST-71 Form

3. Non-Discharge Permit Application for Soil Remediation Projects UST-70 Form

4. Compliance Monitoring Report Form UST-59 Form

5. Well Construction Record GW - 1 Form

For the following forms see Appendix B of the Guidelines for Sampling (current version).

EPH (Aliphatics/Aromatics) Reporting Form EPH Reporting Form

VPH (Aliphatics/Aromatics) Reporting Form VPH Reporting Form
**AGREEMENT FOR LAND APPLICATION OR CONTAINMENT AND TREATMENT OF SOILS CONTAINING NON-HAZARDOUS SUBSTANCES ON PRIVATE LANDS**

<table>
<thead>
<tr>
<th>Permit Applicant:</th>
<th>Contact Person (If different than Applicant):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Applicant:</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

Name and Address of Source of Soils Containing Non-hazardous substances (Hereinafter "Soils") to be applied to these lands:

Amount of Land Available Under This Agreement: _______ acres
Quantity of Soils to be applied to these lands: _______ cubic yards

**PERMITTED ACTIVITY** (check appropriate box)
- [ ] Land application of soils
- [ ] Containment and treatment of soils
- [ ] Other (Specify)

**Location of Land(s) where the contaminated soils will be placed** (include map for each site):

**Owner of Property** where the contaminated soils will be placed:
Name: ___________________________________________ Telephone: _______________
Address: _______________________________________________________________________

**Lessee of property** (if appropriate):
Name: ___________________________________________ Telephone: _______________
Address: _______________________________________________________________________

Land use or cropping patterns (FOR LAND APPLICATION ONLY):
__________________________________________________

Intended use or disposition of crops (FOR LAND APPLICATION ONLY):
______________________________________________

The undersigned landowner or his representative hereby authorizes _______________________ to hereinafter referred to as the Applicant, to allow the placement of the listed soils upon the land at the location(s) shown as described herein, in accordance with the stipulations as specified on the reverse of this page. This agreement shall remain in effect for the length of the permit issued by the Division of Waste Management (Division). The landowner or his representative and the permit applicant agree to abide by these stipulations for the duration of the permitted activity unless prior written approval for modification or cancellation has been obtained from the Division.

I, _______________________, have read this landowner's agreement and do hereby grant permission to the Permittee to conduct the permitted activity on my property as specified herein.

___________________________________________
Land Owner  Date

**NOTARY PUBLIC CERTIFICATION**: State of _________________________, County, ______________

1, the undersigned Notary Public, do hereby certify that _____________________________ personally appeared before me and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal this ______ day of ____________________________, 20____ (Notary Public Seal)

Signature of Notary _______________________________________

My Commission Expires _______________________________________

I, _______________________, have read this landowner's agreement and do hereby agree by the stipulations and restrictions as specified herein.

___________________________________________
Lessee  Date

I, _______________________, have read this landowner's agreement and do hereby agree by the stipulations and restrictions as specified herein.

___________________________________________
Permit Applicant  Date

UST-72 (05/16/2011) Send copies to: Land Owner, Regional Office, Central Files, Permit Applicant, Lessee.
North Carolina Division of Waste Management

Certificate of Approval for Storage/Treatment of Soil Containing Petroleum Products

Certificate # ______________________

Name: ___________________________ Phone Number: __________
Address: __________________________

for the storage/treatment of approximately ________ cubic yards of contaminated soil as specified below:

Type of Contaminants: ____________________________________________________________________________
Location of Source of Contaminant(s) (including business/owner name): ______________________________
Address of Source of Contaminant: ________________________________________________________________
County: ____________________________
Method of Storage/Treatment: ____________________________________________________________________
Location(s) where contaminated soil will be stored or applied (map(s) must be provided): _______________
____________________________________________________________________________________________

This approval is based upon information provided to the Regional Supervisor, ________________ Regional Office,
by the responsible party, who hereby agrees to conduct the approved soil management activities in accordance with
applicable state, local or federal requirements and additionally agrees to abide by any special conditions or limitations
specified below and on the second page of this form. (NOTE: If the contaminated soil to be managed is regulated
under Subtitles C or D of RCRA, then the soil shall not be stored or treated without written permission from the
appropriate section of the NC Division of Waste Management.)

Special Conditions, Limitations or Comments: ________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Certificate of Approval issued this the __________ day of ______________, 20___.

__________________________________  ____________________________________
Signature of DWM Representative    Signature of Responsible Party

__________________________________  ____________________________
Regional Office  ____________________ Regional Office

UST-71 (05/16/2011)  Page 1 of 2
Certificate of Approval for Storage/Treatment of Soil Containing Petroleum Products

Special Conditions, Limitations or Comments (continued):

- **Soil Quarantine requirements** 15A NCAC 2T .0105(e)(6) and 02 NCAC 48A
- **Land Use Agreement** as described in 15A NCAC 2T .1504(a)(6)
- **Permitting by Regulation Standards** 15A NCAC 2T .0113 and .1503
- **Buffer Requirements** (15A NCAC 2T .1506):
  - Any habitable residence or place of public assembly under separate ownership or not to be maintained as part of the project site 100
  - Any well with the exception of a Division approved groundwater monitoring well 100
  - Surface waters (streams – intermittent and perennial, perennial waterbodies, and wetlands) 100
  - Surface water diversions (ephemeral streams, waterways, ditches) 25
  - Groundwater lowering ditches (where the bottom of the ditch intersects the SHWT) 25
  - Subsurface groundwater lowering drainage systems 25
  - Any building foundation except treatment facilities 15
  - Any basement 15
  - Any property line 50
  - Any water line 10
  - Any swimming pool 100
  - Rock outcrops 25
  - Public right-of-way 50
  - 10 feet of area shall be maintained around the disposal area with a permanent grass cover to be included within any of the existing buffers
North Carolina Division of Waste Management

UST-70  Non-Discharge Permit Application for Soil Remediation Projects

Page 1 of 11

THIS FORM MAY BE PHOTOCOPIED FOR USE AS AN ORIGINAL.
PLEASE PRINT CLEARLY - OR TYPE - ALL INFORMATION.
SUBMIT THE ORIGINAL AND ONE COPY OF ALL DOCUMENTS INCLUDING THIS FORM.

Date of Application: __________________ Application No. (to be completed by DWM): ________________
Application Fee Submitted: $ _____________.

I. GENERAL INFORMATION:
1. Applicant (corporation, individual or other): ________________________________________________
2. Facility Owner or Signing Official's Name and Title (the person legally responsible for the facility and its compliance): ________________________________________________________________________________
3. Mailing Address of Applicant: ___________________________________________________________
____________________________________________________________________________________
City: ________________________________________ State: ______________ Zip: ____________
Telephone No.: (_____) _____________________________
4. Is the applicant a public _____ or private _____ entity?
5. County where land application site or facility is located: ______________________________________
6. Project Name (Specify the name of the facility or site proposed for remediation, treatment, or storage of soil): ________________________________________________________________________________
7. Facility Address: ______________________________________________________________________

II. PERMIT INFORMATION:
1. Specify whether project is: _____ new; _____ renewal; _____ modification.
2. If this application is being submitted as a result of a renewal or modification to an existing permit, list the existing permit number _____________ and issuance date ________________
3. Does the applicant possess other permits for storage, treatment, or disposal of contaminated soil? If yes, please list the permit numbers: ___________________________________________________________
4. What type of soil remediation permit is being requested? Please attach the appropriate Soil Remediation Projects Attachment Form (see below).
   a. ___ Land Application at Minimum Rate (i.e., less than or equal to 1 inch thickness).
      Use ATTACHMENT I.
   b. ___ Land Application at Conventional Rates (i.e., greater than 1 inch but less than or equal to 4 inches).
      Use ATTACHMENT I.
   c. ___ Containment and Treatment Facility (includes bioremediation or composting in enclosed or open structures). Use ATTACHMENT II.
d. ___ Storage/Utilization at Production Facility (i.e., brick/asphalt production facility). Use ATTACHMENT II.

e. ___ Incineration or other Thermal Destruction or Consumption Facility. Use ATTACHMENT III.

___ Stationary Facility  ____ Mobile Facility

5. Is the facility to be permitted considered a "Dedicated Facility"?  _____Yes  _____No

[NOTE: A "Dedicated Facility" is defined as a facility or land application site that is designed to receive contaminated soil on a repetitive basis, and may include conventional rate land application, production facility storage or containment and treatment methodologies.]

6. Is a copy of the notice (for land application) that the applicant intends to apply for a land application permit attached? Has evidence that the notice was sent to each city and county government having jurisdiction over the land on which treatment is proposed been provided? (General Statute 143-215.1 (d) (2))

III. CONTAMINATED SOIL INFORMATION (Not applicable to multiple-source facilities and mobile incineration units, which will be listed on a case-by-case basis.)

1. For the source of contaminated soil that is a part of this project, list the following information for each:

<table>
<thead>
<tr>
<th>Site where soil originated</th>
<th>Incident No. (if known)</th>
<th>Volume of Soil (in cubic yards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. List the contaminants found in the contaminated soil: ________________________________________________

________________________________________________________________________________________
________________________________________________________________________________________

3. Describe the type/nature of the contaminants (virgin petroleum product, non-virgin petroleum product, UST release, spill, etc.): ________________________________________________

Will a TCLP analysis be required pursuant to the Soil Remediation Permitting Guidelines, North Carolina Underground Storage Tank Section?  _____YES  _____NO. If yes, please attach a copy of all TCLP analyses.
4. Has the contaminated soil been excavated and is it temporarily being stored? _____ YES _____ NO.
   If yes, is the contaminated soil stored on the site of origin (Y/N) _____?
   If soil is being stored at another location, give the location, county, and any applicable permit number
   associated with the offsite storage: __________________________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________

5. Describe the proposed method of transportation of contaminated soil from the site of origin to the final
   application and/or disposal site: _______________________________________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________

6. Please list the range of concentrations of volatile and semi-volatile hydrocarbons and Total Petroleum
   Hydrocarbons (TPH) below for each source of contaminated soil (not applicable to dedicated facilities):

   What analytical methods were used? ____________________________.

   **ATTACH COPIES OF ALL LABORATORY ANALYSES**

<table>
<thead>
<tr>
<th>Source of Contaminated Soil (As listed in question III.1)</th>
<th>Concentration (ppm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
</tr>
</tbody>
</table>

   *Additional sources may be listed as an attachment to this application form.*
IV. DESIGN ENGINEER'S INFORMATION:

All applications for treatment and storage of petroleum-contaminated soil, except projects proposing land application of contaminated soil, when no storage units are being proposed and no treatment of the material is being proposed other than that provided by the soil and exposure to the atmosphere, shall be signed and sealed by a professional engineer registered in this state.

1. Name and Complete Address of Engineering Firm: __________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

2. Print Name of Design Engineer: _________________________________________________________

3. North Carolina Professional Engineer Registration Number: ________________________________

PROFESSIONAL ENGINEER'S CERTIFICATION:

I, ____________________________________________ attest that this application for __________________
   ________________________________________________________________________________ has been
   reviewed by me and is accurate and complete to the best of my knowledge. I further attest that, to the best of
   my knowledge, the proposed design has been prepared in accordance with the applicable regulations and
   guidelines. Although certain portions of this submittal package may have been developed by other
   professionals, inclusion of these materials under my signature and seal signifies that I have reviewed this
   material and have judged it to be consistent with the proposed design.

North Carolina Professional Engineer's Registration No. ________________________________

Print Name of Engineer: __________________________________________________________________

Seal and Signature (specify date)

THIS APPLICATION PACKAGE WILL NOT BE ACCEPTED BY THE DIVISION OF WASTE
MANAGEMENT UNLESS ALL OF THE APPLICABLE ITEMS REQUIRED BY RULES ARE INCLUDED
WITH THE PROJECT SUBMITTAL.
Required Items

a) One original and one copy of the completed and appropriately executed application form.

b) The appropriate permit processing fee. (Check with permit writer for current fees)

c) Two sets of detailed plans and specifications signed and sealed by a North Carolina Professional Engineer excluding projects proposing land application of contaminated soil, when no storage units are being proposed and no treatment of the material is being proposed other than that provided by the soil and exposure to the atmosphere. The plans must include a general location map; topographic map; a site map which indicates where soil borings were advanced; a map showing the application site or treatment/storage facility; buffers; all property lines; wells; surface water bodies and drainage features; and detailed plans of all treatment units, leachate collection and treatment, and soil handling equipment. Each sheet of the plans and the first page of the specifications must be signed and sealed.

For a site map if required by G.S. 89C, a professional land surveyor shall provide location information on boundaries and physical features not under the purview of other licensed professions. A scaled map of the site with a horizontal scale of one inch equals 100 feet or less and topographic contour intervals not exceeding 10 feet or 25 percent of total site relief, whichever is less and including the following: The North Carolina Board of Examiners for Engineers and Surveyors has determined, via letter dated December 1, 2005, that locating boundaries and physical features, not under the purview of other licensed professions, on maps pursuant to this Paragraph constitutes practicing surveying under G.S. 89C.

d) Two copies of any of the following items applicable to the treatment/storage alternative must be submitted as a part of the signed and sealed supporting documents:
   1. All attachments associated with the proposed remediation alternative;
   2. Analytical data to confirm the levels of contamination in the soil, per the “UST Section Guidelines for Sampling,” current edition;
   3. Calculations associated with the treatment method demonstrating the proposed remediation system will remediate the contaminated soil;
   4. A report (prepared and signed by a soil scientist licensed by the State of North Carolina) of the native soil which describes the texture, color, structure, restrictive horizons (if any), seasonal high water table, hydraulic conductivities, etc.; and
   5. Epidemiological information for any additives used to enhance remediation of contaminated soil. This information may include documented approval received from other governing agencies.

Although certain documentation is developed by other professionals, inclusion of these materials under the signature and seal of a North Carolina Professional Engineer signifies that he or she has reviewed this material and has judged it to be consistent with the proposed design.

e) Two copies of the existing permit for renewals or modifications of an existing permit.

f) A permit application for the treatment of petroleum-contaminated soil by land application cannot be accepted unless it is accompanied by a copy of a notice and evidence that the notice was sent to each city and county government having jurisdiction over the land on which treatment is proposed. This notice shall state in writing in accordance with General Statute 143-215.1 (d) (2), that the applicant intends to apply for a land application permit.

APPLICANT’S CERTIFICATION:
I, ________________________________, attest that this application has been reviewed by me and is accurate and complete to the best of my knowledge. I understand that if all required parts of this application are not completed and that if all required supporting information and attachments are not included, this application will be returned as incomplete.

Signature ________________________________ Date __________________
THE COMPLETED APPLICATION PACKAGE, INCLUDING ALL SUPPORTING INFORMATION AND MATERIALS, SHOULD BE SENT TO THE APPROPRIATE REGIONAL OFFICE AS SHOWN IN FIGURE 1 OF THE GUIDELINES. (ALL APPLICATIONS FOR FACILITIES INVOLVING MOBILE THERMAL DESTRUCTION OR CONSUMPTION SHOULD BE SUBMITTED TO THE: UST SECTION, 1637 MAIL SERVICE CENTER, RALEIGH, NC 27699-1637.)
SOIL REMEDIATION PROJECTS APPLICATION FORM -- ATTACHMENT I.
DESIGN INFORMATION FOR LAND APPLICATION SYSTEMS:

Land Application: _____Minimum Rate _____Conventional Rate

1. Slope of the site: __________ %.
2. Predominant Soil Series Name(s): ____________________________________ (from soil borings or SCS maps).
3. Depth to any seasonal high water table __________ feet below land surface.
   Depth to the static water table __________ feet below land surface.
   Depth to bedrock or saprolite __________ feet below land surface (if less than 20 feet).
   How was this information obtained and what sources were used? ________________________________
      ______________________________________________________________________________________

4. Size of land application area: __________________ square feet or acres (circle one).
   Thickness of contaminated soil application: __________ inches (not to exceed four inches).
5. Type of fertilizers added and amount:
   Type ____________________________ Amount _______________ pounds.
6. Amount of lime to be added: _________________ pounds per acre.
7. Type of vegetative cover to be established: ________________________________.
8. Are other contaminated soil application sites contiguous to the subject land application site? ___YES  ___NO.
   NOTE: If more than one contiguous acre of land is utilized, documentation must be provided which verifies that the applicant is working with the appropriate regional engineer of the Division of Land Resources on an erosion control plan.

9. The land application site must conform to the following buffers:
   Any habitable residence or place of public assembly under separate ownership or not to be maintained as part of the project site 100
   Any well with the exception of a Division approved groundwater monitoring well 100
   Surface waters (streams – intermittent and perennial, perennial water bodies, and wetlands) 100
   Surface water diversions (ephemeral streams, waterways, ditches) 25
   Groundwater lowering ditches (where the bottom of the ditch intersects the SHWT) 25
   Subsurface groundwater lowering drainage systems 25
   Any building foundation except treatment facilities 15
   Any basement 15
   Any property line 50
   Any water line 10
   Any swimming pool 100
   Rock outcrops 25
   Public right-of-way 50
   10 feet of area shall be maintained around the disposal area with a permanent grass cover to be included within any of the existing buffers

   NOTE: If applicable, the Compliance boundary requirements are specified by regulations in 15A NCAC 2L, Groundwater Classifications and Standards.
10. If any of the buffers specified above are not being met, please explain how the proposed buffers will provide equal or better protection of the waters of the state with no increased potential for nuisance conditions. ______________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

11. The land application of contaminated soil in watersheds classified as WS-I is prohibited. Specify the name and classification of the closest down slope surface waters (as established by the Environmental Management Commission) to the land application site. _______________________________________________________

________________________________________________________________________________________

NOTE: A permit application for the treatment of petroleum-contaminated soil by land application cannot be accepted unless it is accompanied by a copy of a notice and evidence that the notice was sent to each city and county government having jurisdiction over the land or which treatment is proposed. This notice shall state in writing, in accordance with General Statute 143-215.1 (d) (2), that the applicant intends to apply for a land application permit.

12. APPLICANT'S SIGNATURE: ___________________________ DATE ____________
SOIL REMEDIATION PROJECTS APPLICATION FORM -- ATTACHMENT II.
DESIGN INFORMATION FOR CONTAINMENT AND TREATMENT (Of Any Kind) AND STORAGE/UTILIZATION AT PRODUCTION FACILITIES:

Please check as appropriate: ____ Containment and Treatment     ____ Storage/Utilization at Production Facilities

1. Fully describe the proposed containment/treatment/storage facilities including pertinent design considerations.
   _________________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

2. Fully describe the liner system used in the design, including type of liner, thickness and permeability.
   _________________________________________________________________________________________
   _________________________________________________________________________________________

3. Fully describe any cover or roof on the facility (if applicable). _____________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

4. Is a leachate expected from the proposed design? ___YES ___NO. If yes, describe the proposed methods of leachate collection, treatment, final disposal and contingency plans in case of spillage.
   _________________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________
5. Does the treatment of contaminated soil include the incorporation of any additives (bulking agents, nutrient fertilizers, pH adjustment materials, microbiological cultures, etc.)? ____YES ____NO. If yes, fully describe each additive. 
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

NOTE: An epidemiological assessment and approval of any or all additives used in the remediation process may be required.

6. Are the soils being treated/stored in an enclosed structure (a structure with an impermeable floor, complete roof and sidewalls)? ____YES ____NO. If yes, the Division of Air Quality may require permitting of the facility. Is an air quality permit required for this facility? ____YES ____NO. The applicant must contact the appropriate Regional Air Quality Supervisor to make this determination.

7. The soil remediation facility must conform to the following buffers:

Any habitable residence or place of public assembly under separate ownership or not to be maintained as part of the project site 100
Any well with the exception of a Division approved groundwater monitoring well 100
Surface waters (streams – intermittent and perennial, perennial water bodies, and wetlands) 100
Surface water diversions (ephemeral streams, waterways, ditches) 25
Groundwater lowering ditches (where the bottom of the ditch intersects the SHWT) 25
Subsurface groundwater lowering drainage systems 25
Any building foundation except treatment facilities 15
Any basement 15
Any property line 50
Any water line 10
Any swimming pool 100
Rock outcrops 25
Public right-of-way 50

8. If any of the buffers specified above are not being met, please explain how the proposed buffers will provide equal or better protection of the waters of the State with no increased potential for nuisance conditions. 
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. For containment and treatment permit applications, please describe the method and location for the disposal of the soil once remediated (i.e., future use). 
______________________________________________________________________________
______________________________________________________________________________

10. APPLICANT'S SIGNATURE: ________________________________ DATE ______________

11. ENGINEER'S SIGNATURE AND SEAL: ________________________________ DATE ______________
SOIL REMEDIATION PROJECTS APPLICATION FORM -- ATTACHMENT III.
DESIGN INFORMATION FOR INCINERATION OR OTHER THERMAL DESTRUCTION OR CONSUMPTION FACILITIES

1. Type of facility:   ____Stationary Facility   ____Mobile Unit

2. Fully describe the proposed treatment system including design considerations, any storage of soil before and after treatment, and proposed treatment levels. __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

3. Describe any measures taken to eliminate exposure to the weather and any measures to collect, treat and dispose of leachate, and contingency plans for spillage. ___________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

4. For stationary facilities: Describe the site conditions, including: native soil; surface drainage features; proximity to property lines, wells, or surface waters; slope; depth to groundwater and seasonal high water table; and any other site conditions that may be affected by the proposed remediation facilities. ___________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

5. Will the facility require the ____issuance of an air quality permit or ____registration of the facility? The Division of Air Quality must be contacted to make this determination. If a permit is required, has an application been submitted for the proposed remediation project? ____YES ____NO Please list permit application number or permit issuance number as appropriate. ______________________________________
6. The remediation facility must conform to the following buffers:

<table>
<thead>
<tr>
<th>Buffer</th>
<th>Buffer Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any habitable residence or place of public assembly under separate ownership or not to be maintained as part of the project site</td>
<td>100</td>
</tr>
<tr>
<td>Any well with the exception of a Division approved groundwater monitoring well</td>
<td>100</td>
</tr>
<tr>
<td>Surface waters (streams – intermittent and perennial, perennial water bodies, and wetlands)</td>
<td>100</td>
</tr>
<tr>
<td>Surface water diversions (ephemeral streams, waterways, ditches)</td>
<td>25</td>
</tr>
<tr>
<td>Groundwater lowering ditches (where the bottom of the ditch intersects the SHWT)</td>
<td>25</td>
</tr>
<tr>
<td>Subsurface groundwater lowering drainage systems</td>
<td>25</td>
</tr>
<tr>
<td>Any building foundation except treatment facilities</td>
<td>15</td>
</tr>
<tr>
<td>Any basement</td>
<td>15</td>
</tr>
<tr>
<td>Any property line</td>
<td>50</td>
</tr>
<tr>
<td>Any water line</td>
<td>10</td>
</tr>
<tr>
<td>Any swimming pool</td>
<td>100</td>
</tr>
<tr>
<td>Rock outcrops</td>
<td>25</td>
</tr>
<tr>
<td>Public right-of-way</td>
<td>50</td>
</tr>
</tbody>
</table>

7. If any of the buffers specified above cannot be met, please explain how the proposed buffers will provide equal or better protection of the waters of the State with no increased potential for nuisance conditions.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

NOTE: Mobile facilities will also require the issuance of a Certificate of Approval by the appropriate regional office for each site to be remediated.

8. APPLICANT'S SIGNATURE: ____________________________ DATE __________

9. ENGINEER'S SIGNATURE AND SEAL: ____________________________ DATE __________
## UST SECTION GROUNDWATER QUALITY MONITORING
### COMPLIANCE REPORT FORM

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Permit #:</th>
<th>Expiration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Name (if different):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Telephone#:</td>
<td></td>
</tr>
<tr>
<td>Well Location/Site Name:</td>
<td>No. of Wells to be Sampled:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Well Identification Number (from Permit):</th>
<th>For Groundwater Treatment Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened Interval: ft. to ft.</td>
<td></td>
</tr>
<tr>
<td>Depth to Water Level: ft. below measuring point.</td>
<td></td>
</tr>
<tr>
<td>Measuring Point is ft. above land surface.</td>
<td></td>
</tr>
<tr>
<td>Field analysis: Temp.</td>
<td>pH</td>
</tr>
<tr>
<td>Odor</td>
<td>Specific Conductance</td>
</tr>
<tr>
<td></td>
<td>Appearance</td>
</tr>
</tbody>
</table>

### PARAMETERS (Samples for metals were collected unfiltered and field acidified)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH (when analyzed)</td>
<td>Ba - Barium</td>
<td>mg/l</td>
</tr>
<tr>
<td>TOC</td>
<td>Ca - Calcium</td>
<td>mg/l</td>
</tr>
<tr>
<td>Chloride</td>
<td>Cd - Cadmium</td>
<td>mg/l</td>
</tr>
<tr>
<td>Arsenic</td>
<td>Chromium: Total</td>
<td>mg/l</td>
</tr>
<tr>
<td>Grease and Oils</td>
<td>Cu - Copper</td>
<td>mg/l</td>
</tr>
<tr>
<td>Phenol</td>
<td>Fe - Iron</td>
<td>mg/l</td>
</tr>
<tr>
<td>Sulfate</td>
<td>Hg - Mercury</td>
<td>mg/l</td>
</tr>
<tr>
<td>Specific Conductance</td>
<td>K - Potassium</td>
<td>mg/l</td>
</tr>
<tr>
<td>Total Ammonia</td>
<td>Mg - Magnesium</td>
<td>mg/l</td>
</tr>
<tr>
<td>TKN as N</td>
<td>Mn - Manganese</td>
<td>mg/l</td>
</tr>
</tbody>
</table>

### ORGANICS: (GC,GC/MS,HPLC)

<table>
<thead>
<tr>
<th>ORGANIC</th>
<th>Method #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Attached?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Permittee (or Authorized Agent) (Date)

---

<table>
<thead>
<tr>
<th>PERMIT #:</th>
<th>EXPIRATION DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Discharge</td>
<td></td>
</tr>
<tr>
<td>NPDES</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF PERMITTED OPERATION BEING MONITORED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lagoon</td>
</tr>
<tr>
<td>Spray Field</td>
</tr>
<tr>
<td>Rotary Distributor</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample collected: 
Date sample analyzed: 
Laboratory Name: 
Certification No.

Report Attached? | Yes | No |

VOC | method # |
|------|----------|

Permittee (or Authorized Agent) Name and Title - Please print or type

UST-59 Rev.09/03

UST 59 Reporting Form
**NonResidential Well Construction Record**

http://portal.ncdenr.org/c/document_library/get_file?uuid=4c60acfd-bd44-444d-b902-73baac35804d&groupId=38364

Form GW-1b
Rev. 2/09

Submit within 30 days of completion to:
Division of Water Quality - Information Processing,
1617 Mail Service Center, Raleigh, NC 27699-1617
Phone: (919) 807-6300
Appendix B - NCDA & CS Certification Requirements for Transport of Soil from Quarantined Areas

Any soils originating from areas quarantined by the NC Department of Agriculture & Consumer Services shall be certified by the NCDA & CS for treatment prior to any transport of the petroleum contaminated soil. Requests for certification should be directed to the local NCDA & CS field representative.

Please consult your local Plant Protection Specialist or the Plant Industry Division in Raleigh at 1-800-206-9333 or 919-733-6930 for current information. Further information is also available on the NCDA & CS Web site at http://www.ncagr.gov/plantindustry/plant/index.htm.

Plant Pest Quarantine Information

Regulated Status of: Imported fire ant, Witchweed or Other Noxious Weeds and Gypsy Moth

COUNTY BY COUNTY LISTING

http://www.ncagr.gov/plantindustry/plant/quaran/table2.htm

For Additional Program Information Contact:
NCDA Plant Industry Divisions - Plant Protection Section
Mailing Address: 1060 Mail Service Center, Raleigh NC 27699-1060
Physical Address: 216 West Jones Street, Raleigh NC 27603
Phone: (919) 733-3610
Fax: (919) 733-1041

Staff contacts: http://www.ncagr.gov/plantindustry/plant/staff.htm