

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

North Carolina - Division Waste Management

UST - 72 AGREEMENT FOR LAND APPLICATION OR CONTAINMENT AND TREATMENT OF SOILS CONTAINING NON-HAZARDOUS SUBSTANCES ON PRIVATE LANDS

Permit Applicant: _____

Contact Person (If different than Applicant): _____

Address of Applicant: _____

Telephone: _____

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 _____ 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, _____

I, the undersigned Notary Public, do hereby certify that _____ personally appeared before me and acknowledged the due execution of the forgoing 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

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

Certificate # _____

Rate _____

- Land Application of 50 Cubic Yards or Less
- Land Application of 51 to 100 Cubic Yards at Minimum
- Temporary Storage
- Other (explain below)

Approval is Hereby Granted To:

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 of (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

North Carolina Division of Waste Management

UST-70

Non-Discharge Permit Application for Soil Remediation Projects

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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.**

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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:

	Site where soil originated	Incident No. (if known)	Volume of Soil (in cubic yards)
a.			
b.			
c.			

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.

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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

	Source of Contaminated Soil (As listed in question III.1)	Concentration (ppm)
a.		
b.		
c.		
d.		

Additional sources may be listed as an attachment to this application form.

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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 MANAGMENT UNLESS ALL OF THE APPLICABLE ITEMS REQUIRED BY RULES ARE INCLUDED WITH THE PROJECT SUBMITTAL.

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

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.)

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

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.

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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 _____

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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.

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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. _____

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6. The 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

7. If any of the buffers specified above can not 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 _____

SUBMIT FORM ON YELLOW PAPER ONLY

UST SECTION GROUNDWATER QUALITY MONITORING COMPLIANCE REPORT FORM	Mail Original DIVISION OF WASTE MANAGEMENT to UST SECTION 1637 Mail Service Center Raleigh, N.C. 27699-1637 PHONE: (919) 733-8486
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FACILITY INFORMATION *Please Print Clearly or Type*

Facility Name: _____

Permit Name (if different): _____

Facility Address: _____
(Street) County _____
(City) (State) (Zip)

Contact Person: _____ Telephone#: _____

Well Location/Site Name: _____ No. of Wells to be Sampled: _____
(from Permit)

PERMIT #: _____ EXPIRATION DATE: _____

Non-Discharge _____ UIC _____

NPDES _____

TYPE OF PERMITTED OPERATION BEING MONITORED

_____ Lagoon	_____ Remediation - Infiltration Gallery
_____ Spray Field	_____ Remediation -
_____ Rotary Distributor	_____ Land Application of Sludge
_____ Other:	

Well Identification Number (from Permit): _____

Well Depth: _____ ft. Well Diameter: _____ in.

Screened Interval: _____ ft. to _____ ft.

Depth to Water Level: _____ ft. below measuring point.

Measuring Point is _____ ft. above land surface.

Gallons of water purged before sampling: _____

Field analysis: Temp. _____ °C pH _____

Odor _____

For Groundwater Treatment Systems

Check One:

Influent (98)

Effluent (99)

Specific Conductance _____ uMhos

Appearance _____

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample collected: _____

Date sample analyzed: _____

Laboratory Name: _____

Certification No. _____

PARAMETERS (Samples for metals were collected unfiltered)	YES	NO	and field acidified	YES	NO
COD _____ mg/l			Nitrite (NO ₂) as N _____ mg/l		Ni - Nickel _____ mg/l
Coliform: MF Fecal _____ /100ml			Nitrate (NO ₃) as N _____ mg/l		Pb - Lead _____ mg/l
Coliform: MF Total _____ /100ml			Phosphorus: Total as P _____ mg/l		Zn - Zinc _____ mg/l
<small>(Note: Use MPN method for highly turbid samples.)</small>			Orthophosphate _____ mg/l		Ammonia Nitrogen _____ mg/l
Dissolved Solids: Total _____ mg/l			A I- Aluminum _____ mg/l		Other (Specify Compounds and Concentration Units) _____
pH (when analyzed) _____ units			Ba - Barium _____ mg/l		
TOC _____ mg/l			Ca - Calcium _____ mg/l		
Chloride _____ mg/l			Cd - Cadmium _____ mg/l		
Arsenic _____ mg/l			Chromium: Total _____ mg/l		
Grease and Oils _____ mg/l			Cu - Copper _____ mg/l		
Phenol _____ mg/l			Fe - Iron _____ mg/l		
Sulfate _____ mg/l			Hg - Mercury _____ mg/l		
Specific Conductance _____ uMhos			K - Potassium _____ mg/l		
Total Ammonia _____ mg/l			Mg - Magnesium _____ mg/l		
TKN as N _____ mg/l			Mn - Manganese _____ mg/l		

ORGANICS: (GC,GC/MS,HPLC)

(Specify test and method #. Attach lab report.)

Report Attached?	Yes _____	No _____
VOC _____	: method #= _____	
_____	: method #= _____	
_____	: method #= _____	
_____	: method #= _____	
_____	: method #= _____	

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.

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

UST-59 Rev.09/03

Signature of Permittee (or Authorized Agent) (Date)

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>