## **North Carolina Department of Environment and Natural Resources** Division of Energy, Mineral, and Land Resources **Energy Section - Oil and Gas Program**

Form **27** 

Rev 03/2015

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## Site Investigation and Remediation Work Plan

15A NCAC 05H .2005 A Permittee shall submit a Required Attachments: Permittee Name: Form 27 as a result of a spill Permittee Item and release onsite, or other condition in accordance with Site Map Company Name: Rules .1502, .2005, **Photos** and .2201. Lab Results Address: This Form shall be submitted Other during each phase of site investigation and State: City: Zip: remediation, or as required If Other, please list: by the Department. Phone: Attach maps, diagrams, analytical results, Fax: photographs, or Form 33 to this form as needed. Email: Nearest Town/City: **API Number:** Lease/Well Name: Well Site Ingress/ **Egress Location:** Well Number: County: 15A NCAC 05H .1502, .2005, & .2201 1. Cause of Condition to be investigated and remediated: (Check all that may apply) Spill and Release Containment Inspection ☐ Site Inspection Additional Information Requested by Dept. **Brief Description: Brief Description:** ☐ Site Investigation ☐ Site Remediation Remediation Completed Was a Form 26 filed? Was a Form 26 filed? Was a Form 26 filed? If Yes, Please provide document ID: If Yes, Please provide document ID: If Yes, Please provide document ID: 2. Observed Impacts: If Yes, Describe the observed impacts and how they were determined: A. Surface water Impacted? Yes No ☐ Yes ☐ No **B. Soil Impacted?** C. Groundwater Impacted? Yes No D. Vegetation Impacted? Yes No

API Number:		Form 27 - Site Investigation and Remediation Work Plan Permittee Name:							
3. Describe initial mitigation actions taken.									
4 Describe how	the spill or release	and impacts will be removed or remedied:							
4. Describe now	the spin of release	and impacts will be removed of remedied.							
5. If the groundy Attach maps or	water was impacted diagrams as needed; u	d, describe the proposed monitoring plan: (number of wells/sampling points, schedule, & analytical methods, etc.) se Form 33 for additional comment space as needed.							

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6. Describe any changes to the approved well site development plan or the reclamation plan as a result of the investigation/remediation (contour changes, seeding schedule, etc.) Attach maps or diagrams as needed; use the Supplemental Form for additional comment space as needed.									
	s) or facility for the remediation activit	final disposal of any E & l ies.	P wastes, in accordance v	with Section 0.2	000, generated as	a result of a site			
8. Required Attac	:hments: The followin	g items are required to be atta	ched by hard copy or email wit	th this form.					
Site Map: with sample location(s) and extent of spill  Check to indicate documentation is attached.  Provide file name(s) if attached by email.			☐ Checl	Photographs  Check to indicate documentation is attached.  Provide file name(s) if attached by email.					
Analytical Results Check to indicate documentation is attached. Provide file name(s) if attached by email.			☐ Checl	Other site diagram(s) or drawing(s)  Check to indicate documentation is attached.  Provide file name(s) if attached by email.					
9. Implementation Date of Spill									
Date Site Inv	estigation Began:	Date Remed	iation Plan Submitted:	Anticipat	ed Completion D	ate:			
Date Site Inv	estigation Complet	red: Remediation	Start Date:	Actual Co	ompletion Date:				
This form must be signed by the permittee or an authorized agent of the permittee.									
Print Name:			Title:						
Signature:			Date:						