



**North Carolina Department of Environment and Natural Resources
Division of Waste Management
Solid Waste Section**

North Carolina Solid Waste .0500 Groundwater Corrective Action Application

Post closure care monitoring of this .0500 solid waste management facility is required pursuant to the rules codified at 15A NCAC 13B Section .0500, *et. seq.*, .0600, *et. seq.*, and N.C.G.S. 130A-309.27. Groundwater quality at this solid waste management facility is also subject to the "Classifications and Water Quality Standards Applicable to the Groundwaters of North Carolina," 15A NCAC 2L.

Due to the detections of groundwater exceedances at this solid waste management facility, pursuant to 15A NCAC 2L .0106(d)(2), any person conducting or controlling an activity under the authority of a permit which results in an increase in concentration of a substance in excess of the standards at or beyond the compliance boundary is required to assess the nature and extent of the contamination and submit the results of the investigation and a plan for corrective action to the Division. In accordance with 15A NCAC 2L .0107, a compliance boundary (the relevant point of compliance) shall be established 250 feet from the waste boundary, or 50 feet within the property boundary, whichever point is closer to the source.

As a result, groundwater corrective action is required to be implemented at this solid waste management facility, and a remedy must be selected. Once the Division approves the selected remedy, a Corrective Action Plan (CAP) is required to be submitted. The Division highly recommends conducting a public meeting to discuss the selected remedy. Please complete the North Carolina Solid Waste .0500 Groundwater Corrective Action Application and please attach the following:

- (1) a signed resolution/proclamation/document adopting the selected remedy,
- (2) a site map designating the locations of the groundwater monitoring wells and surface water monitoring locations that will or may be impacted by the selected remedy,
- (3) any draft conceptual schematics/figures/plans relating to the selected remedy,
- (4) a list of any required registrations, permits, and approvals,
- (5) a copy of the facility's permit issued by the Solid Waste Section,
- (6) a copy of the facility's closure letter/permit issued by the Solid Waste Section, and
- (7) a copy of the minutes from the public meeting discussing the selected remedy(if applicable)

Please send or email the completed application and the attachments to NCDENR-DWM, Solid Waste Section, Compliance Unit, 1646 Mail Service Center, Raleigh, NC 27699-1646. This application and any documents attached to this application are "Public Records" as defined in NC General Statute 132-1. As such, these documents are available for inspection and examination by any person upon request (NC General Statute 132-6).

Please type all information.

I. Site Identification

Permit Number: _____

Facility Name: _____

Facility Physical Address: _____

City: _____ Zip: _____

County: _____

Waste Type: _____

II. Owner and Operator Information

Check box, if owner and operator are the same.

Owner

Name: _____

Address: _____

Phone Number: _____

Operator

Name: _____

Address: _____

Phone Number: _____

III. Groundwater Corrective Action

Selected remedy (include additional lines if needed):

(1) _____

(2) _____

(3) _____

Contingency Plan A: _____

Contingency Plan B: _____

IV. Project Schedule (upon Division approval)

Approximate Date of Remedy Construction Completion (if applicable): _____

Approximate Date of Implementation of Remedy: _____

Approximate Date of MNA Baseline Sampling Completion (if applicable): _____

Approximate Date of Submittal of the Corrective Action Evaluation Report: _____

V. Environmental Consultant

Consulting Company: _____

Address: _____

Phone Number: _____

VI. Signatures

To the best of my knowledge, the information reported and statements made in this North Carolina Solid Waste .0500 Groundwater Corrective Action Application are true and correct. I am aware that there are significant penalties for making any false statement, representation, or certification including the possibility of fine and imprisonment.

If Owner and Operator are the same, please sign for Owner and type or write SAME for Operator.

Owner

Owner Name (Printed or Typed): _____

Owner Signature: _____

Date: _____

Operator

Operator Name (Printed or Typed): _____

Operator Signature: _____

Date: _____

NC Professional Geologist or NC Professional Engineer

Name (Printed or Typed): _____

Signature: _____

Date: _____

Affix NC Professional Geologist or Engineer Seal: