



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

North Carolina Solid Waste .0545 Groundwater Corrective Action Permit Modification Application

Groundwater assessment is required if one or more constituents listed in Appendix I are detected above the current groundwater quality standards in accordance with 15A NCAC 02L .0202 in any sampling event. Due to the detections of groundwater exceedances at this solid waste management facility pursuant to 15A NCAC 13B .0545, corrective action is required. An assessment of corrective measures, a selection of a remedy, a corrective action plan, and implementation of the approved selected remedy and corrective action plan are required at this solid waste management facility.

In accordance with 15A NCAC 13B .0545, within 30 days of selecting a remedy, the permittee must submit an application to modify the permit describing the selected remedy to the Division for evaluation and approval. The application must be subject to the processing requirements set forth in Rule 15A NCAC 13B .0533(c). The application must include the demonstrations necessary to comply with the financial assurance requirements set forth in accordance with Rule 15A NCAC 13B .0546.

Please complete the North Carolina Solid Waste .0545 Groundwater Corrective Action Application and please attach the following:

- (1) A copy of the minutes from the required public meeting discussing the Assessment of Corrective Measures;
- (2) A signed resolution/proclamation/document adopting the selected remedy,
- (3) 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,
- (4) Any draft conceptual schematics/figures/plans relating to the selected remedy,
- (5) A list of any required registrations, permits, and approvals,
- (6) A copy of the facility's permit issued by the Solid Waste Section,
- (7) A copy of the facility's closure letter/permit issued by the Solid Waste Section, and
- (8) An amendment to the Financial Assurance mechanism, including a detailed breakdown cost estimates for closure, post closure, and corrective action.

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. Financial Assurance

Financial Assurance Mechanism: _____

Based upon the Assessment of Corrective Measures, Total Cost Estimate for Selected Remedy Utilized for at Least 30 Years: \$

VI. Environmental Consultant

Consulting Company: _____

Address: _____

Phone Number: _____

VII. Signatures

To the best of my knowledge, the information reported and statements made in this North Carolina Solid Waste .0545 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: