

## SOIL ACCEPTANCE FORM

To: State of North Carolina  
Winston-Salem Regional Office  
DWM, UST Section

From:  
Address:  
Phone:

**Date of request for authorization to accept soil:**

**Customer:**

**Customer Phone:**

<b>Source of contamination:</b>	<b>Owner of contamination:</b>
Name:	Name:
Address:	Address:
County:	County:

**Type of Petroleum Products (Circle All that Apply):**

GAS          Diesel          Heating Oil          Engine Oil          Other:

**Contaminated Soil Generated By (Circle One):**

UST          Spill          AST          Other:

Lab Name:

NC LAB Certification Number:

LAB Work number:

Submittal to Lab Date:

Sample ID:

**Analytical Methods:**

**Number of samples:**

**Volume of contaminated soil from source (cubic yards):**

Signature of representative:

---