



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

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**North Carolina Solid Waste Groundwater Corrective Action Permit Modification Application**

Pursuant to 15A NCAC 13B .1636, “Within 14 days of selecting a remedy, the permittee shall submit an application to modify the permit describing the selected remedy to the Division for evaluation and approval.” The application shall include the demonstrations necessary to comply with the financial assurance requirements set forth in Paragraph (d) of Rule .1628.

Please attach the following: (1) a copy of the minutes from the public meeting discussing the Assessment of Corrective Measures, (2) a signed resolution/proclamation/document adopting the remedy, (3) a site map designating locations of groundwater monitoring wells and surface water monitoring locations that will be impacted by the 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 most recent permit issued by the Solid Waste Section, and (7) an amendment to the Financial Assurance Mechanism, including a break-down of the cost estimates for closure, post-closure and corrective action.

Send the application and 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 or print all information legibly.

**I. Site Identification**

Permit Number: \_\_\_\_\_

Solid Waste Rule Designation (.0500 or .1600): \_\_\_\_\_

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 addition lines if needed):

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Contingency Plan A: \_\_\_\_\_

Contingency Plan B: \_\_\_\_\_

**IV. Financial Assurance**

Financial Assurance Mechanism: \_\_\_\_\_

Total Cost Estimate for 30 Years (based upon ACM): \$ \_\_\_\_\_

**V. Project Schedule (upon Division approval)**

Approximate Date of Remedy Construction Completion (if applicable): \_\_\_\_\_

Approximate Date of Implementation of Remedy: \_\_\_\_\_

Approximate Date of Baseline Sampling Completion (if applicable): \_\_\_\_\_

Approximate Date of First Remedy Performance and Effectiveness Report Submittal: \_\_\_\_\_

**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 Groundwater Corrective Action Permit Modification 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/Engineer Seal: