



NORTH CAROLINA *Environmental Quality*

NC Department of Environmental Quality Division of Waste Management - Solid Waste Section

Groundwater Corrective Action Permit Modification Application Form [15A NCAC 13B .1636\(a\)](#)

Due to groundwater exceedances at this solid waste management facility pursuant to 15A NCAC 13B .1635, 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.

Based on the results of the assessment of corrective measures in accordance with Rule .1635, the owner or operator shall select a remedy that meets the standards listed in Paragraph (b) of this Rule. 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 review and approval that the remedy complies with this Rule. The application shall be subject to the processing requirements set forth in Rule .1603(c) of this Section. The application shall include the demonstrations necessary to comply with the financial assurance requirements set forth in Rule .1628 and Section .1800. Remedies shall: (1) be protective of human health and the environment; (2) attain the approved groundwater quality standards established in accordance with 15A NCAC 02L .0202, or the groundwater protection standards established in accordance with Rule .1634(b); (3) control the source(s) of releases to reduce or eliminate, to the maximum extent practicable, further releases of 40 CFR 258 Appendix II constituents into the environment; (4) and comply with standards for management of wastes as specified in Rule .1637(e).

Complete the North Carolina Solid Waste .1636 Groundwater Corrective Action Application Form and 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 facility 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,
- 7) An amendment to the financial assurance mechanism, including detailed breakdown cost estimates for closure, post closure, and corrective action.

Email the completed application form and the attachments to the Solid Waste Section Project Hydrogeologist.

NOTE: This application form and any documents attached to this application form 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 include all the following information.

I. Site Identification

Permit Number: _____
Facility Name: _____
Facility Physical Address: _____
City: _____ Zip Code: _____ County: _____
Waste Type: _____

II. Owner and Operator Information

Owner

Name: _____
Address: _____
Phone Number: _____

Operator

Name: _____
Address: _____
Phone Number: _____

III. Groundwater Corrective Action

Selected remedy:

- (1) _____
- (2) _____
- (3) _____

Contingency Plan A: _____
Contingency Plan B: _____

IV. Project Schedule (upon Division approval)

Approximate Dates for:

- Remedy Construction Completion (if applicable): _____
- Implementation of Remedy: _____
- MNA Baseline Sampling Completion (if applicable): _____
- 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 the statements made in this North Carolina Solid Waste Groundwater Corrective Action Permit Modification Application Form 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, sign for Owner and type or write "**SAME**" for Operator.*

Owner

Name: _____

Signature: _____

Date: _____

Operator

Name: _____

Signature: _____

Date: _____

NC Professional Geologist or NC Professional Engineer

Name: _____

Signature: _____

Date: _____

Affix NC Professional Geologist or Engineer Seal: