UST-5 Site Investigation Report for Installation of Vapor or Groundwater Monitoring System

FOR TANKS IN **NC**

Return completed form to:
The appropriate DWM Regional Office according to the county of the facility's location. [SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

STATE USE ONLY
I.D. No._____
Date Received_____

Instructions

Complete and return within thirty (30) days following completion of installation

I. Ownership of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Street Address

County

City State Zip Code

Area Code Phone Number

II. Location of Tank(s)

Facility Name or Company

Facility ID #

Street Address or State Road

County City Zip Code

Area Code Phone Number

III. Contact Person

Name Job Title Telephone No.(Area Code)

Contractor _____

(Name) (Address) Telephone No.(Area Code)

Lab _____

(Name) (Address) Telephone No.(Area Code)

IV. General Information / V. Vapor Monitoring / VI. Groundwater Monitoring

Tank No.	Size (Gallons)	Product Stored In Tank	Tracer Compound (if applicable)	Type of Excavation Backfill Material	Depth from Land Surface to Mean Seasonal High Water Table	Specific Gravity of Stored Product	Depth from Land Surface to Mean Seasonal Low Water Table	Hydaulic Conductivity* (cm/sec)

* The hydraulic conductivity of the soil between the UST system and the monitoring wells or devices must not be less than 0.01 cm/sec (i.e., the soil should consist of gravels, coarse to medium sands, coarse silts or other permeable materials)

VII. Summary of Installation Requirements

General Information

1. Installation must be performed in accordance with 15A NCAC 2N .0504 . Site investigation and report preparation must be conducted under the supervision of a Professional Engineer (P.E.) or Licensed Geologist (L.G.).
2. Wells must be protected with a watertight cover and lockable cap.
3. Wells must be properly labeled.

Vapor Monitoring

1. The measurement of vapors by the monitoring device must not be rendered inoperative by the groundwater, rainfall, soil moisture or other known interferences so that a release could go undetected for more than thirty (30) days.
2. The level of background contamination in the excavation zone must not interfere with the method used for leak detection; **submit background sampling results with this report.**

Groundwater Monitoring

1. The method used must be capable of detecting the presence of one-eighth of an inch of free product on top of the groundwater in the monitoring wells.

Seal of P.E. or L.G.

VIII. Additional Information Requirements

1. Submit with this report a sketch of the placement of monitoring system devices/wells relative to tanks and piping, buildings, etc.
2. Submit with this report a description of how the mean seasonal high/low water table was determined; including all supporting information generated for the determination (i.e., boring logs, soil descriptions, etc.).

IX. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative	Signature	Date Signed
Name and official title of P.E. or L.G.	Signature	Date Signed

REGIONAL OFFICE LOCATION MAP

NCDENR

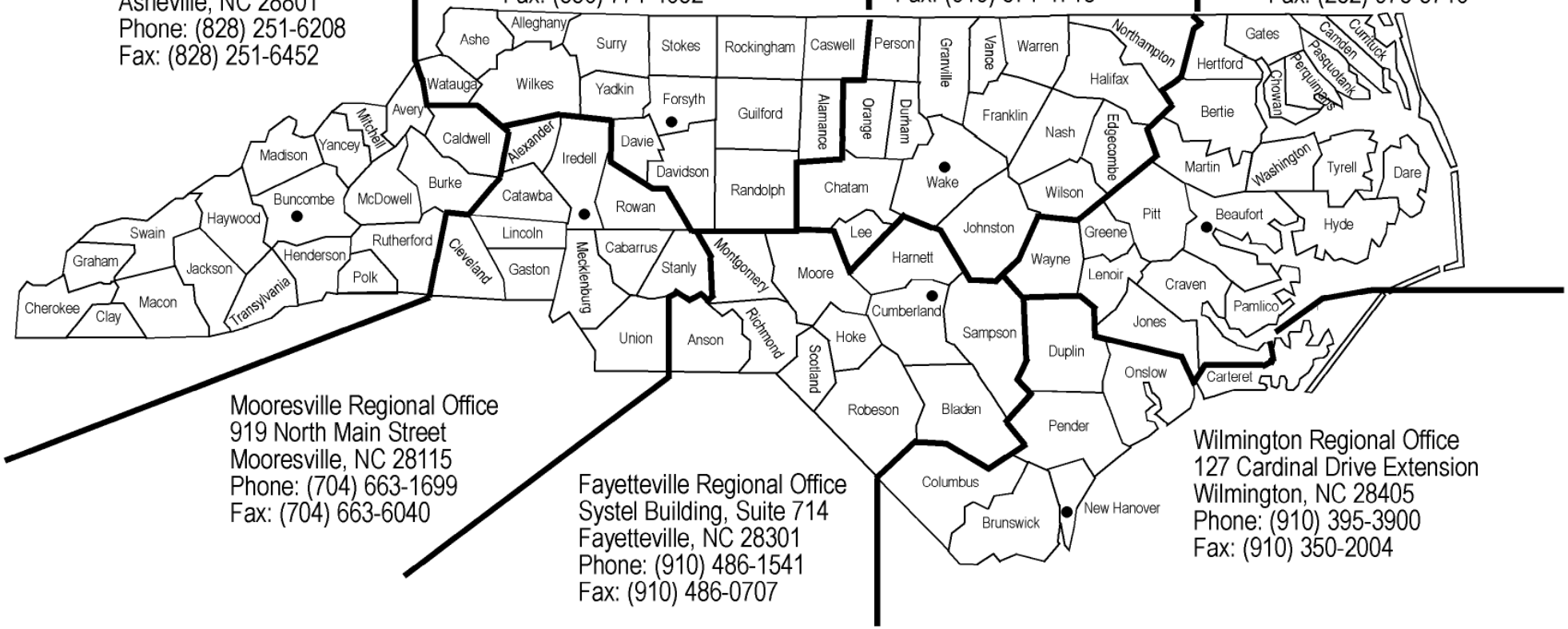
North Carolina Department of Environment and Natural Resources
Division of Waste Management
UST Section Central Office
1637 Mail Service Center
Raleigh, NC 27699-1637
(919) 733-8486 FAX (919) 733-9413

Asheville Regional Office
Interchange Building
59 Woodfin Place
Asheville, NC 28801
Phone: (828) 251-6208
Fax: (828) 251-6452

Winston-Salem Regional Office
585 Waughtown Street
Winston-Salem, NC 27107
Phone: (336) 771-4600
Fax: (336) 771-4632

Raleigh Regional Office
1628 Mail Service Center
Raleigh, NC 27699
Phone: (919) 571-4700
Fax: (919) 571-4718

Washington Regional Office
943 Washington Square Mall
Washington, NC 27889
Phone: (252) 946-6481
Fax: (252) 975-3716



Mooresville Regional Office
919 North Main Street
Mooresville, NC 28115
Phone: (704) 663-1699
Fax: (704) 663-6040

Fayetteville Regional Office
Systel Building, Suite 714
Fayetteville, NC 28301
Phone: (910) 486-1541
Fax: (910) 486-0707

Wilmington Regional Office
127 Cardinal Drive Extension
Wilmington, NC 28405
Phone: (910) 395-3900
Fax: (910) 350-2004

● Regional Office Location