



# PETROLEUM CONTAMINATED SOILS FORM FOR LEAKING UNDERGROUND STORAGE TANKS

## Attachment A NDEE Contamination Assessment and Over-Excavation Report

October 2023

The following minimum information must be included in Attachment A unless already included in the SFM CAR.

FACILITY ID#: _____	OWNER NAME: _____
FACILITY NAME: _____	ADDRESS: _____
STREET ADDRESS: _____	CITY/STATE/ZIP: _____
CITY: _____	PHONE#: _____
DATE UST(S) LAST USED: _____	CLOSURE DATE: _____
<b>1. TYPE OF CLOSURE</b> (Circle all that apply):	
a) <b>UST</b>	REMOVAL OR IN PLACE CLOSURE
b) <b>PIPING</b>	REMOVAL OR IN PLACE CLOSURE
c) <b>DISPENSER</b>	REMOVAL OR IN PLACE CLOSURE
<b>2. SAMPLER INFORMATION</b> (if applicable):	
PERSON'S NAME: _____	PHONE # _____
FIRM NAME/ADDRESS: _____	PHONE # _____
<b>3. SURFACE COVER</b>	
<u>ABOVE UST(s)</u> (Circle all that apply):	
Sand/Gravel Asphalt	Concrete    Dirt    Other: _____
<u>ABOVE PIPING(s)</u> (Circle all that apply):	
Sand/Gravel Asphalt	Concrete    Dirt    Other: _____
<b>4. FIELD INSTRUMENT INFORMATION:</b>	
Type _____	PID eV Lamp _____
Span Setting _____	Manufacturer _____
Range _____	Calibration Standard Used _____
Detection Limit _____	

# UST and Excavation Tables

## 5. UST INFORMATION

UST ID # (e.g., 001, 002, 003)	LENGTH (ft)	DIAMETER (ft)	CAPACITY (gallons)	CONTENTS	DEPTH BELOW SURFACE (ft)	COMMENTS (e.g., # and location of holes/points of leakage)

## 6. UST EXCAVATION INFORMATION (STEP 1)

UST EXC. # (e.g., UE-1, UE-2)	UST ID #(s)	LENGTH (ft)	WIDTH (ft)	DEPTH (ft)	CUBIC YARDS	COMMENTS

## PIPING EXCAVATION INFORMATION (STEP 1)

PIPING EXC. # (e.g., PE-1, PE-2)	TOTAL LENGTH (ft)	TOTAL WIDTH (ft)	TOTAL DEPTH (ft)	TOTAL CUBIC YARDS	COMMENTS

## DISPENSER EXCAVATION INFORMATION (STEP 1)

DISPENSER EXCAVATION # (e.g., DE-1, DE-2, DE-3)	LENGTH (ft)	WIDTH (ft)	DEPTH (ft)	CUBIC YARDS	COMMENTS

**7. OVER-EXCAVATION INFORMATION (STEP 2)**

LOCATION OF OVER-EXCAVATED AREAS	TOTAL LENGTH (ft)	TOTAL WIDTH (ft)	TOTAL DEPTH (ft)	TOTAL # OF CUBIC YARDS

**SAMPLING RECORD**

(Reference location labels on site map)

**8. UST SAMPLING RESULTS**

UST #	SAMPLE ID #	LOCATION (e.g., north, south, sse, wsw)	MATRIX (soil or gw)	LABORATORY ANALYSIS		FIELD (over-excavation only)	
				DEPTH (ft)	CONCEN.	DEPTH (ft)	CONCEN.
UST #001							
UST #002							
UST #003							
UST #004							
UST #005							
UST #006							
UST #007							
UST #008							

**PIPING SAMPLING RESULTS**

PIPING # (e.g., PE-1, PE-2)	SAMPLE ID # (e.g., PE-1A, PE-1B, PE-2A)	MATRIX (soil or gw)	LABORATORY ANALYSIS		FIELD (over-excavation only)	
			DEPTH (ft)	CONCEN.	DEPTH (ft)	CONCEN.

**DISPENSER SAMPLING RESULTS**

DISPENSER ISLAND # (e.g., DE-1, DE-2)	SAMPLE ID # (e.g., DE-1A, DE-1B, DE-2A)	MATRIX (soil or gw)	LABORATORY ANALYSIS		FIELD (over-excavation only)	
			DEPTH (ft)	CONCEN.	DEPTH (ft)	CONCEN.

**9. IDENTIFIED RECEPTORS** (Drinking water wells, basements, nearby surface water bodies, etc.)

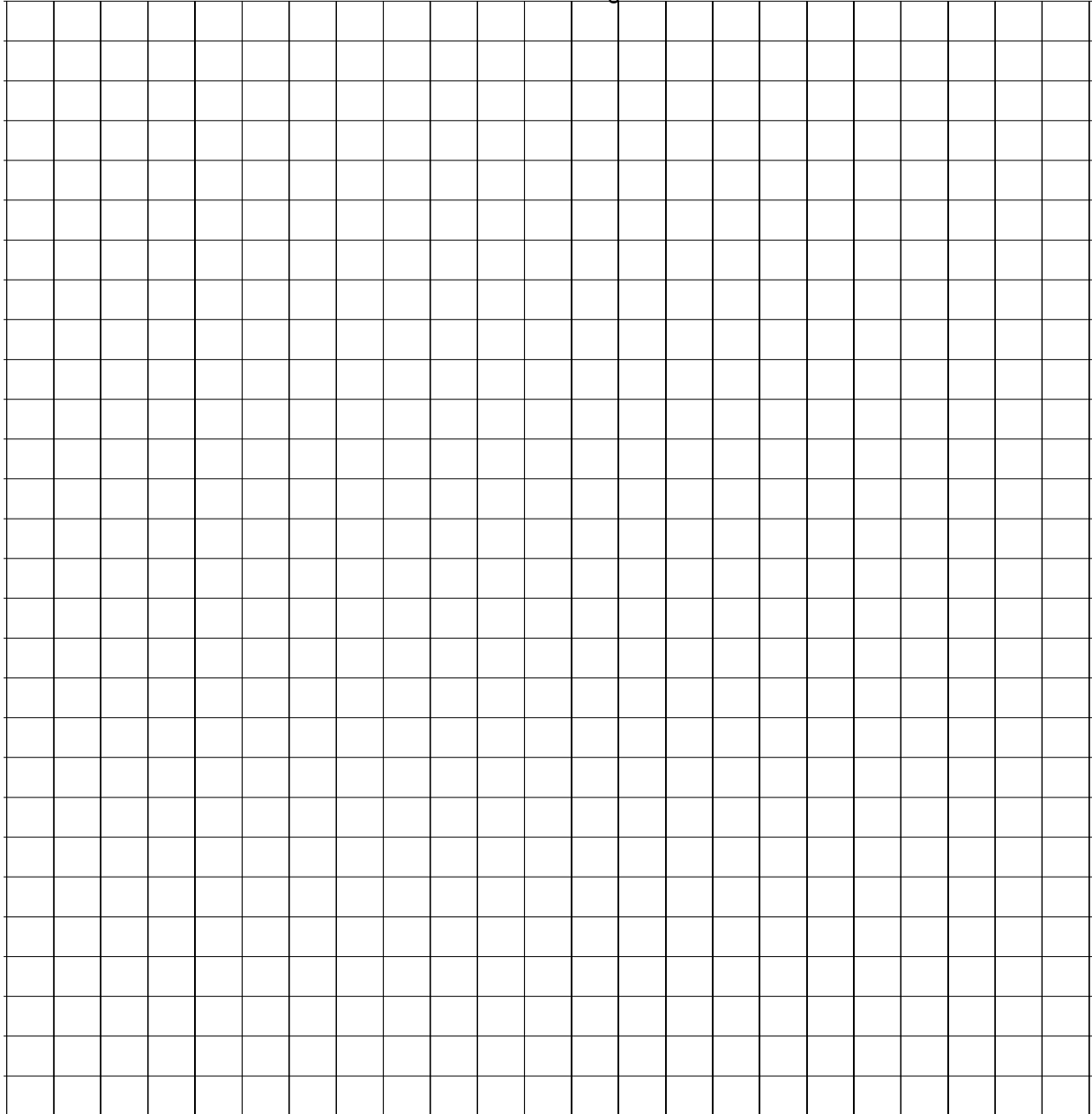
RECEPTOR (type)	Check one		LOCATION/DIRECTION (If Yes)	DISTANCE FROM UST (ft)	COMMENTS
	Y	N			
Stream (Name, if known)					
Wetland					
On-site Well A. Drinking Well					
B. Non-Drinking Well (e.g., heat pump, industrial)					
Other:					

**10. DETAILED NARRATIVE DESCRIBING ALL ACTIVITIES CONDUCTED AS PART OF THE CLOSURE**

**ASSESSMENT AND OVER-EXCAVATION** (use separate piece of paper).

**11. SITE MAP**

- a) Sample locations (field and laboratory)
- b) Former location of UST system
- c) Location of all buildings pertinent to relocating the removed/upgraded UST system
- d) An outline of the final excavation areas for UST, piping and/or dispenser (as applicable)
- e) Provide street or road names and names of nearest intersecting streets.



North Arrow Here:  
Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_

Approximate Scale: \_\_\_\_\_  
SFM Id #: \_\_\_\_\_

# CERTIFICATION

Please initial one of the following:

\_\_\_\_\_ I certify that I am the owner and last user of the UST system(s).

\_\_\_\_\_ I certify that I am the operator and last user of the UST system(s).  
Please provide the following information regarding the owner of the UST system(s)

\_\_\_\_\_  
Name Address Phone #

\_\_\_\_\_ I certify that I am the current owner of the UST system(s), but have not used the UST(s). Please provide the following information regarding the former owner of the UST system(s).

\_\_\_\_\_  
Name Address Phone #

\_\_\_\_\_ None of the above statements apply. My relationship to the UST system(s) owner is

\_\_\_\_\_  
Owner name Address Phone #

By signing, I certify that the information provided in the closure assessment report and addendum is true and accurate, and represents the conditions present at the facility in question, and that the closure assessment and remedial excavation (if performed) were conducted in accordance with the requirements of Title 159, if regulated under such, and the NDEE Leaking Underground Storage Tank Contaminated Soil Guidance Document. I understand that if this information is inaccurate or deficient in any manner, that it may lead to unnecessary investigation and/or additional cost to be incurred by me or my company.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Certified Closer Name (print)

\_\_\_\_\_  
Company/Certification #

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Phone Number