North Caroli	Oil & Gas Program Use Only	
Div	Date:	
Form	1612 Mail Service Center, Raleigh, NC 27699-1612	Received by:
27	Phone: (919) 707-9220	
Rev 03/2015	Fax: (919) 715-8801 Email: DEMLRoilandgas@ncdenr.gov	Document ID:

## Site Investigation and Remediation Work Plan

				15A NCAC	
Permittee Name:		A Permittee shall submit a Form 27 as a result of a spill and release envite or other Item Permittee			nts: OGP
		and release onsite, or other condition in accordance with	Site Map	1 ennittee	001
Company Name:	ŀ	Rules .1502, .2005,	Photos		
	-     <sup>a</sup>	and .2201.	Lab Results		
Address:		This Form shall be submitted · during each phase of site	Other		
City: State: Zip:	l i.	investigation and remediation, or as required by the Department.	lf Other, plea	se list:	
Phone:					
	7  a	Attach maps, diagrams, analytical results,			
Fax:		photographs, or Form 33 to this form as needed.			
Email:	]	, , , , , , , , , , , , , , , , , , ,			
API Number: Nearest Town/City	y: [				
Lease/Well Name:	Γ				
Well Site Ingress					
Well Number: County: Egress Location					
1. Cause of Condition to be investigated and remediated: (Check all that may app	ly)		15A NCAC	05H.1502,.200	5, & .2201
Spill and Release	tion	🗌 Site I	nspection		
Additional Information Requested by Dept. Brief Description:			scription:		
Site Investigation					
Site Remediation					
Remediation Completed					
Was a Form 26 filed? Was a Form 26 filed?		Was a For	rm 26 filed?		
If Yes, Please provide document ID: If Yes, Please provide do	cum	ent ID: If Yes,	Please provide	document ID:	
2. Observed Impacts: If Yes, Describe the observed impacts	and h	now they were determined:			
A. Surface water Impacted? 🗌 Yes 📄 No					
B. Soil Impacted?					
C. Groundwater Impacted? 🗌 Yes 📄 No					
D. Vegetation Impacted? 🛛 Yes 🗌 No					

3. Describe initial mitigation actions taken.

4. Describe how the spill or release and impacts will be removed or remedied:

5. If the groundwater was impacted, describe the proposed monitoring plan: (number of wells/sampling points, schedule, & analytical methods, etc.) Attach maps or diagrams as needed; use Form 33 for additional comment space as needed.

API	Num	ber:
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6. Describe any changes to	the approved well site development plan or the reclamation plan as a result of the investigation/	
remediation (contour cha	nges, seeding schedule, etc.) Attach maps or diagrams as needed; use the Supplemental Form for additional comment space as neede	ed.

7. List locations(s) or facility for the final disposal of any E & P wastes, in accordance with Section 0.2000, generated as a result of a site investigation or remediation activities.

8. Required Attachments: The following items are required to be attached by hard copy or email with this form.

Site Map: with sample location(s) and extent of spill Check to indicate documentation is attached. Provide file name(s) if attached by email.

Photographs Check to indicate documentation is attached. Provide file name(s) if attached by email.

Check to indicate documentation is attached.

Provide file name(s) if attached by email.

Other site diagram(s) or drawing(s)

**Analytical Results** 

Check to indicate documentation is attached. Provide file name(s) if attached by email.

9. Implementation Schedule: Date of Spill or Release:

Date Site Investigation Began:	Date Remediation Plan Submitted:	Anticipated Completion Date:		
Date Site Investigation Completed:	Remediation Start Date:	Actual Completion Date:		
This form must be signed by the permitte	e or an authorized agent of the permittee.			
Print Name:	Title			

Signature:

Date: