SC DEPARTMENT *of* **ENVIRONMENTAL SERVICES**

Site-Specific Work Plan for Approved ACQAP
Underground Storage Tank Management Division

To: _____(SCDES Project Manager)
From: _____(Contractor Project Manager)
Contractor: _____ UST Contractor Certification Number: _____

Facility Name: _____ UST Permit #: _____
Facility Address: _____
Responsible Party: _____Phone: _____
RP Address: _____
Property Owner (if different): _____
Property Owner Address: _____
Current Use of Property: _____

Scope of Work (Please check all that apply)

☐ IGWA ☐ Tier II ☐ Groundwater Sampling ☐ GAC
☐ Tier I ☐ Monitoring Well Installation ☐ Other _____

Analyses (Please check all that apply)

Groundwater/Surface Water:

☐ BTEXNMDCA (8260D) ☐ Lead ☐ BOD ☐ Methane
☐ Oxygenates (8260D) ☐ 8 RCRA Metals ☐ Nitrate ☐ Ethanol
☐ EDB (8011) ☐ TPH ☐ Sulfate ☐ Dissolved Iron
☐ PAH (8270E) ☐ pH ☐ Other _____

Drinking Water Supply Wells:

☐ BTEXNMDCA (524.2) ☐ Mercury (200.8, 245.1, or 245.2) ☐ EDB (504.1)
☐ Oxygenates & Ethanol (8260D) ☐ RCRA Metals (200.8)

Soil:

☐ BTEXNM ☐ Lead ☐ RCRA Metals ☐ TPH-DRO (3550C/8015C) ☐ Grain Size
☐ PAH ☐ Oil & Grease (9071B) ☐ TPH-GRO (5030B/8015C) ☐ TOC

Air:

☐ BTEXN

Sample Collection (Estimate the number of samples of each matrix that are expected to be collected.)

_____ Soil _____ Water Supply Wells _____ Air _____ Field Blank
_____ Monitoring Wells _____ Surface Water _____ Duplicate _____ Trip Blank

Field Screening Methodology

Estimate number and total completed depth for each point, and include their proposed locations on the attached map.

# of shallow points proposed: _____ Estimated Footage: _____ feet per point
# of deep points proposed: _____ Estimated Footage: _____ feet per point
Field Screening Methodology: _____

Permanent Monitoring Wells

Estimate number and total completed depth for each well, and include their proposed locations on the attached map.

# of shallow wells: _____ Estimated Footage: _____ feet per point
# of deep wells: _____ Estimated Footage: _____ feet per point
# of recovery wells: _____ Estimated Footage: _____ feet per point
Comments, if warranted:

_____

_____

UST Permit #: _____ Facility Name: _____

Implementation Schedule (Number of calendar days from approval)
Field Work Start-Up: _____ Field Work Completion: _____
Report Submittal: _____ # of Copies Provided to Property Owners: _____

Aquifer Characterization
Pump Test: ☐ Slug Test: ☐ (Check one and provide explanation below for choice)

_____
_____
_____

Investigation Derived Waste Disposal
Soil: _____ Tons Purge Water: _____ Gallons
Drilling Fluids: _____ Gallons Free-Phase Product: _____ Gallons

Additional Details For This Scope of Work
For example, list wells to be sampled, wells to be abandoned/repaired, well pads/bolts/caps to replace, details of AFVR event, etc.

_____
_____
_____
_____
_____
_____
_____

Compliance With Annual Contractor Quality Assurance Plan (ACQAP)
____ Laboratory as indicated in ACQAP? (Yes/No) If no, indicate laboratory information below.
Name of Laboratory: _____
SCDES Certification Number:_____
Name of Laboratory Director: _____

____ Well Driller as indicated in ACQAP? (Yes/No) If no, indicate driller information below.
Name of Well Driller: _____
SCLLR Certification Number: _____

____ Other variations from ACQAP. Please describe below.

_____
_____
_____
_____
_____

Attachments

1. Attach a copy of the relevant portion of the USGS topographic map showing the site location.

2. Prepare a site base map. This map must be accurately scaled, but does not need to be surveyed. The map must include the following:
   - North Arrow
   - Location of property lines
   - Location of buildings
   - Previous soil sampling locations
   - Previous monitoring well locations
   - Proposed soil boring locations
   - Proposed monitoring well locations
   - Legend with facility name and address, UST permit number, and bar scale
   - Streets or highways (indicate names and numbers)
   - Location of all present and former ASTs and USTs
   - Location of all potential receptors

3. Assessment Component Cost Agreement