

North Carolina Division of Waste Management
UST-71 Certificate of Approval for Storage/Treatment of Soil Containing Petroleum Products

Certificate # _____

- Of 50 Cubic Yards or Less
- Temporary Storage
- Other (explain below)

Approval is Hereby Granted To:

Name: _____ Phone Number: _____
Address: _____

for the storage/treatment of approximately _____ cubic yards of contaminated soil as specified below:

Type of Contaminants: _____

Location of Source of Contaminant(s) (including business/owner name): _____

Address of Source of Contaminant: _____

County: _____

Method of Storage/Treatment: _____

Location(s) where contaminated soil will be stored or applied of (map(s) must be provided): _____

This approval is based upon information provided to the Regional Supervisor, _____ Regional Office, by the responsible party, who hereby agrees to conduct the approved soil management activities in accordance with applicable state, local or federal requirements and additionally agrees to abide by any special conditions or limitations specified below and on the second page of this form. **(NOTE: If the contaminated soil to be managed is regulated under Subtitles C or D of RCRA, then the soil shall not be stored or treated without written permission from the NC Division of Waste Management.)**

Special Conditions, Limitations or Comments: _____

Certificate of Approval issued this the _____ day of _____, 20__.

Signature of DWM Representative

Signature of Responsible Party

Regional Office

