



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

To: _____ (SCDHEC 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 I, Tier II, Monitoring Well Installation, Groundwater Sampling, Other, GAC

Analyses (Please check all that apply)

Groundwater/Surface Water:

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

Drinking Water Supply Wells:

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

Soil:

- BTEXNM, PAH, Lead, Oil & Grease (9071), RCRA Metals, TPH-DRO (3550B/8015B), TPH-GRO (5030B/8015B), Grain Size, 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/repared, 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: _____

SCDHEC 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	Proposed monitoring well locations
Location of property lines	Legend with facility name and address, UST permit number, and bar scale
Location of buildings	Streets or highways (indicate names and numbers)
Previous soil sampling locations	Location of all present and former ASTs and USTs
Previous monitoring well locations	Location of all potential receptors
Proposed soil boring locations	
3. Assessment Component Cost Agreement, SCDHEC Form D-3664

**SOUTH CAROLINA DEPARTMENT OF
HEALTH AND ENVIRONMENTAL CONTROL**

**DHEC FORM D-0653
Instructions for Completing**

- Form's title – Site Specific Work Plan
- Form's purpose – The purpose of this form is for the South Carolina certified site rehabilitation contractor to identify all specific components of the work scope to be conducted.
- Who will complete the form (audience) – The South Carolina certified site rehabilitation contractor.
- Enough instruction to guide the person completing the form.
 - o Fill in all UST facility information.
 - o Address all boxes with correct information that pertain to the specified scope of work.
 - o Include all required attachments as listed at the bottom of page 2 of this form document.
- Form is scanned and saved electronically - Record Group Number 169, Retention Schedule 13300