|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Notification of spreadingpetroleum-contaminated soil at aland treatment sitePetroleum Remediation ProgramGuidance document 3-06Doc Type: Environmental Development/Guidance |

Instructions:Use this form to notify the Minnesota Pollution Control Agency (MPCA) that petroleum-contaminated soil (PCS) approved for land treatment has been spread and incorporated. This form must be completed and submitted to the MPCA within 10 days following spreading.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Land treatment site ID: | PRE |       | Leak site or other site ID: | LS00 |       |

1. Background

|  |
| --- |
| **Land treatment site owner** |
| Individual or corporate name: |       |
| Mailing address: |       |
| City: |       | State: |    | Zip code: |       |
| Email address: |       | Phone number: |       |

|  |
| --- |
| **Land treatment site operator** |
| Individual or corporate name: |       |
| Mailing address: |       |
| City: |       | State: |    | Zip code: |       |
| Email address: |       | Phone number: |       |

|  |
| --- |
| **Responsible party information for soil batch** |
| Individual or corporate name: |       |
| Mailing address: |       |
| City: |       | State: |    | Zip code: |       |
| Email address: |       | Phone number: |       |

|  |
| --- |
| **Person completing application** |
| Individual or corporate name: |       |
| Mailing address: |       |
| City: |       | State: |    | Zip code: |       |
| Email address: |       | Phone number: |       |

|  |
| --- |
| **Location of land treatment site** |
| Legal description: |       | ¼ of |       | ¼ of Section: |       | Township: |       | N | Range: |       | W |
| Township name: |       | County: |       |

**Soil application information**

**Double click checkboxes to select *Checked* and then select *OK*.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of MPCA approval letter for the batch of soil (mm/dd/yyyy): |       | Date PCS was spread: |       |
| Volume of soil spread (cubic yards): |       | c/y | Spreading thickness (inches): |       |
| Area of land used (square feet or acres): |       |  |
| Was the soil tilled within 48 hours of PCS application? | [ ]  Yes [ ]  No |
| Was nitrogen and/or phosphorus incorporated during soil batch application? | [ ]  Yes [ ]  No |
| If yes, describe the type of fertilizer used and the rate of application: |
|       |

1. Site map and supporting information

|  |
| --- |
| Attach the following:**Double click checkboxes to select *Checked* and then select *OK*.** |
| [ ]  | Site map (scale: 1 inch = 50 feet) including: |
|  | 1. Borders of land treatment site (indicate dimensions of each side in feet);
 |
|  | 1. Actual plot used for this batch of soil (label dimensions in feet); and
 |
|  | 1. All other plots previously used for land treatment (label dimensions in feet and indicate with leak site number).
 |

1. Local officials

A copy of this form must be sent to the appropriate local government officials for the location of the land treatment site before or simultaneously with submittal to the MPCA.

**County official**

|  |  |
| --- | --- |
| Individual name: |       |
| Title: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip code: |       |
| Email: |       | Phone: |       |

**City, Township or Tribal government official**

|  |  |
| --- | --- |
| Individual name: |       |
| Title: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip code: |       |
| Email: |       | Phone: |       |

1. Submission of form

Submit the completed form and all attachments to the Petroleum Remediation Program via MN.SoilTreatment.MPCA@state.mn.us, and to the project manager of the leak site from which the PCS was generated.