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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Soil monitoring results for land treated petroleum-contaminated soil  Petroleum Remediation Program  Guidance document 3-07  Doc Type: Environmental Development/Guidance |

Instructions:Use this form for reporting the results of follow-up soil sampling where petroleum-contaminated soil (PCS) has been spread at a land treatment site for a specific batch of soil. Follow-up soil sampling is required in June and October until all results are less than 100 milligrams per kilogram (mg/kg), for gasoline range organics (GRO) or diesel range organics (DRO). The necessary number of samples for each sampling event is equivalent to the number of grab samples required for the [Request to land treat petroleum-contaminated soil](https://www.pca.state.mn.us/sites/default/files/c-prp3-05.doc) form approval.

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

1. Background

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

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

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

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

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

**Soil application information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Minnesota Pollution Control Agency (MPCA) approval letter for the batch of soil (mm/dd/yyyy): | | | | | | | |  | |  |
| Volume of soil spread: |  | c/y | | Spreading thickness (inches): | |  |
| Area of land used (square feet or acres): | | |  | | Date of initial soil incorporation (mm/dd/yyyy): | | | |  | |
| Provide dates of subsequent tillage, or if the land treatment plot was cropped, provide the type of crop and seeding date: | | | | | | | | | | |
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| List the analytical results for soil samples gathered from the land treatment site. If additional petroleum constituents were required to be reported, list results on a separate attached table. | | | |
| **Sample ID** | **Sample date** | **GRO** | **DRO** |
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Report results in mg/kg. Use less than symbols to show the report level.

Copies of laboratory results and chain of custody forms **must** be attached as [Section IV: Appendix A](#IV).

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. Certification

Under [Minn. R. 7000.0300](https://www.revisor.mn.gov/rules/7000.0300/), I certify under penalty of law that I am familiar with this document and all attachments submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information I believe the submitted information is true, accurate and complete, or I may be subject to civil penalties.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: | |  | |
|  | | *(This document has been electronically signed.)* | |
| Title: |  | | |
| Date (mm/dd/yyyy): | | |  |

1. Appendix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Attach the following:  **Double click checkboxes to select *Checked* and then select *OK*.** | |  | | Attach the following:  **Double click checkboxes to select *Checked* and then select *OK*.** | |
|  | *Appendix A* Copies of laboratory results and chain of custody forms. | | Site map (scale: 1 inch = 50 feet) including: | |

1. Submission of form

Submit the completed form and all attachments to the Petroleum Remediation Program via [MN.SoilTreatment.MPCA@state.mn.us](mailto:MN.SoilTreatment.MPCA@state.mn.us).