**WATER HANDLING PLAN** **TEMPLATE**

The New York City Department of Design and Construction (NYCDDC) requires Contractors and Consultants to submit a Water Handling Plan (WHP) for projects that require handling, transportation, and disposal of potential and identified contaminated and hazardous materials during dewatering, and when the NYCDDC’s Standard Specification for Handling, Transportation, and Disposal of Potential and Identified Contaminated and Hazardous Materials (Section 8.01 W1.1 Removal, Treatment, and Discharge of Contaminated Water) has been included in the Contract. This WHP Template was prepared to be used as a guide to help Contractors and Consultants prepare a WHP that is compliant NYCDDC’s rules and regulations.

This WHP shall be completed in accordance with NYCDDC’s Specifications for Handling, Transportation, and Disposal of Potential and Identified Contaminated and Hazardous Materials (Section 8.01 W1.1 Removal, Treatment, and Discharge of Contaminated Water).

Insert Contractor Name will also prepare an Environmental Health and Safety Plan (EHASP) in compliance with Specification Section 8.01 S, which will be submitted to the NYCDDC Office of Environmental and Hazmat Services (OEHS) [formerly referred to as Office of Environmental and Geotechnical Services (OEGS)]. The EHASP will be followed during the performance of the subject water handling activities. The proposed water handling activities will not commence until WHP and EHASP approvals are issued by OEHS.

**DEFINITION OF DEWATERING ACTIVITIES THAT REQUIRE A WHP**

Dewatering System: System of wells, well points, sumps, ejectors, pumps, power supply, effluent treatment equipment, and equipment designed by the Contractor and Consultant, submitted to, and accepted by the NYCDDC prior to work start that will effectively dewater the project site.

Construction Dewatering: Controlling groundwater levels, hydrostatic pressures, and surface water such that excavation required on the Contract Drawings can be performed to required depths in substantially dry and stable conditions.

**INSTRUCTIONS FOR COMPLETING THE WHP TEMPLATE**

Each section of the WHP Template includes instructions and fillable text fields denoted in blue. Read the instructions for each section before completing that section. The blue text indicates information to include in each text field. Click on the blue text and start typing. This WHP Template is an editable document file to which you may add tables with additional text. For sections of the WHP Template that do not apply, insert “Not Applicable” in the text field and check the “Not Applicable” box where available. Any edits to black text should be completed using track changes.

**REGULATORY REFERENCES**

The following State and Local rules and regulations noted below are offered as references that can be viewed to assist with the completion of the WHP Template. The list, along with hyperlinks to the regulatory references, is not all inclusive but offers some general guidance.

* NYSDEC Spill Guidance Manual
	+ https://www.dec.ny.gov/regulations/2634.html
* NYSDEC CP-51 – Soil Cleanup Guidance Policy
	+ https://www.dec.ny.gov/docs/remediation\_hudson\_pdf/cpsoil.pdf
* NYSDEC Spills Technology Remediation Series (STARS) Guidance Documents
	+ https://www.dec.ny.gov/regulations/2393.html
* NYSDEC DER-10 – Technical Guidance for Site Investigation and Remediation
	+ https://www.dec.ny.gov/regulations/67386.html
* NYSDEC Soil Cleanup Objectives (SCOs)
	+ https://www.dec.ny.gov/docs/remediation\_hudson\_pdf/part375.pdf
* NYSDEC Groundwater Quality Standards (GWQS)
* NYSDEC State Pollution Discharge Elimination System (SPDES) General Permit for Stormwater Discharge Requirements
	+ https://www.dec.ny.gov/permits/6054.html
* NYCDEP Limitations for Effluent to Sanitary and Combined Sewers
* NYCDEP Sewer Use Guidelines

While the NYCDDC has made every effort to ensure the accuracy of all instructions contained in this WHP Template, it is the Rules and Regulations of the City and State of New York, not the template, that govern your obligations with respect to the preparation of the WHP.

**Water Handling Plan**

**WHP Prepared for:**

Insert Project Name

Insert Capital Project ID Number

Insert Project/Site Address/Location

Insert Project/Site Phone Number



New York City Department of Design and Construction

30-30 Thomson Ave, Queens, New York 11101

Insert Contractor Name

Insert Address, City, State, Zip Code

**WHP Prepared By:**

Insert Company or Organization Name

Insert Contact Name

Insert Address, City, State, Zip Code

Insert Phone Number

Insert Fax/Email

**WHP Preparation Date:**

Insert Date

**WHP Revision Date:**

Insert Date

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**Figures**

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**Appendices**

Appendix A Copy of All Submitted Permit Applications for the Project

Appendix B Copy of All Approved Permits for the Project

Appendix C Documentation Demonstrating Minimum Training Requirements for Water Treatment Specialist

Appendix D Copy of Laboratory Certifications

Appendix E Copy of Transporter Permit and Signed Letter of Agreement from Transporter

Appendix F Copy of Signed Letter of Agreement to Accept Water from Primary Treatment/Disposal Facility

Appendix G List of All Valid Permits, Licenses, and/or Letters of Approval to Operate from Primary Treatment/Disposal Facility

Appendix H List of All Valid Permits, Licenses, and/or Letters of Approval to Operate Applied for But Not Yet Received from Primary Treatment/Disposal Facility

Appendix I List of All Unresolved Compliance Orders, Enforcement Notices or Notices of Violation from Primary Treatment/Disposal Facility

Appendix J Copy of Signed Letter of Agreement to Accept Water from Backup Treatment/Disposal Facility

Appendix K List of All Valid Permits, Licenses, and/or Letters of Approval to Operate from Backup Treatment/Disposal Facility

Appendix L List of All Valid Permits, Licenses, and/or Letters of Approval to Operate Applied for But Not Yet Received from Backup Treatment/Disposal Facility

Appendix M List of All Unresolved Compliance Orders, Enforcement Notices or Notices of Violation from Backup Treatment/Disposal Facility

Acronyms

The following acronyms are referenced in this WHP template. Any additional acronyms included in the WHP should be added to the table below.

|  |  |
| --- | --- |
| **Item** | **Description** |
| BWT | Bureau of Wastewater Treatment |
| COC | Chain-of-custody |
| EHASP | Environmental Health and Safety Plan |
| ELAP | Environmental Laboratory Approval Program |
| GWQS | Groundwater Quality Standards |
| NYCDDC | New York City Department of Design and Construction |
| NYCDEP | New York City Department of Environmental Protection |
| NYSDOH | New York State Department of Health |
| SCOS | Soil Cleanup Objectives |
| SPDES | State Pollution Discharge Elimination System |
| STARS | Spills Technology Remediation Series |
| USGS | United States Geological Survey  |
| USEPA | United States Environmental Protection Agency  |
| WHP | Water Handling Plan |
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Revision Log

The following revision log should be completed with the initial submission and subsequent revisions. The revision date noting two digits for the month, two digits for the day, and four digits for the year (i.e., 00/00/0000) should be entered in the Date column. The Revision Number should offer revision number with two digits (i.e., 00, 01, 02, 03 – noting 00 as the initial submission) with WHP as the descriptor (i.e., WHP-00, WHP-01, WHP-02). Revision Description column should contain a brief description of changes and/or initial submission.

|  |  |  |
| --- | --- | --- |
| **Date** | **Revision Number** | **Description** |
| 00/00/0000 | WHP-00 | Initial submission for NYCDDC for review. |
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Certification Statement

WHP Certification by Insert Company or Organization Name

1. Insert Company or Organization Name certifies that this WHP dated Insert Date and all information included is true, accurate, and complete to the best of our professional knowledge and judgement; and
2. This WHP has been prepared in accordance with all applicable rules and regulations; and
3. This WHP has been prepared in conformance with NYCDDC Specifications for Handling, Transportation, and Disposal of Potential and Identified Contaminated and Hazardous Materials (Section 8.01 W1.1)

Insert Author’s Signature

Insert Author’s Name / Affiliation / Date

# INTRODUCTION AND PROJECT PURPOSE

## Project Discussion

Instructions:

1. *Provide a general description of the project and construction activities at the site.*
2. *Identify the project* *activity that will result in the need to handle, transport, and dispose of potential and identified contaminated and hazardous materials and why a WHP has been prepared.*

Insert Text Here

## Contractor and Consultant

The Contractor and Consultant for the project are identified below with their contact information:

Instructions:

1. *Identify the Contractor and Consultant/Water Treatment Specialist for the project. Provide their names and addresses, and their contact names and phone numbers.*
2. *Provide copies of all submitted permit applications for the project in* ***Appendix A****.*
3. *Provide copies of all approved permits for the project in* ***Appendix B****.*

**Contractor**

Name of Company: Insert Text Here

Name/Title of Company Representative: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

**Consultant/Water Treatment Specialist**

Name: Insert Text Here

Name/Title of Project Manager: Insert Text Here

Name/Title of Field Staff: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

Documentation demonstrating the minimum training requirements per Section 8.01 W1.1 for office of Environmental and Hazmat Services [OEHS, formerly Office of Environmental and Geotechnical Services (OEGS)] review is included as **Appendix C**.

Contact Phone Number: Insert Text Here

## Site Description

Instructions:

1. *Provide a general description of the site, including natural and constructed features.*
2. *Identify the size and location of the site.*
3. *Describe the existing land use of the site and surrounding area.*
4. *Provide a Project Location Map as Figure 1.*
5. *Following this section is an 8 1/2” by 11” portrait border template to be utilized for the preparation of Figure 1.*
6. *Provide ownership information for the site if it is not owned by New York City.*

|  |
| --- |
| **Project Site**Capital Project ID Number: Insert Text HereStreet/Location: Insert Text HereCity: Insert Text HereState: New YorkZip Code: Insert Text HereBorough: Insert Text HereBlock(s) and Lot(s): Insert Text Here from GISBusiness Days and Hours for the Project: Insert Text Here |

**History of Construction Site** *(check all that apply*):

[ ]  Residential [ ]  Commercial [ ]  Industrial
[ ]  Institutional [ ]  Highway or Road [ ]  Utility [ ]  Other: Insert Text Here

**General Site Description**

Insert Text Here

A Project Location Map is included as **Figure 1.**

**INSERT NEW FIGURE 1 CONTAINING THE PROJECT NAME, CAPITAL PROJECT ID AND ADDRESS**



# GROUNDWATER AND/OR DECONTAMINATION WATER STORAGE AND/OR TREATMENT

## On-Site Temporary Storage (if applicable)

Instructions:

1. *Identify the size and type of temporary storage system that will be utilized for groundwater or decontamination water.*
2. *Describe how the temporary storage system is sufficiently sized for the project’s scope of work.*

*(Check one that applies)***:**

[ ]  Site will have on-site temporary storage of groundwater and/or decontaminated water

[ ]  Not Applicable

Insert Text Here

## Sampling and Analysis Plan

Instructions:

1. *Discuss why sampling and analysis of groundwater or sampling of decontamination water is required.*
2. *Specify the sampling method, number of samples, and laboratory analytical testing to be performed.*
3. *Identify that sampling and analysis need to comply with applicable rules and regulations and NYCDDC Specs.*

Insert Text Here

## Laboratory to Conduct Analysis

Instructions:

1. *Identify the analytical laboratory selected to analyze groundwater or decontamination water samples to be collected.*
2. *Include the laboratory name, address, and contact name and phone number.*
3. *The selected laboratory must be certified by the New York State Department of Health (NYSDOH) Environmental Laboratory Approval Program (ELAP). Provide the laboratory’s New York ELAP Number.*
4. *The laboratory certifications must be recent and included in* ***Appendix D.***

The Laboratory selected to analyze samples for the project is identified below with their contact information:

**Laboratory**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

As required by contract specifications, Insert Laboratory Name is a NYSDOH ELAP certified laboratory (New York ELAP No. Insert Laboratory Number).

## On-Site Treatment System (if applicable)

Instructions:

1. *Describe the on-site treatment system that will be utilized for groundwater or decontamination water.*
2. *Identify how the system design meets the NYCDEP Sewer Use Guidelines.*
3. *Describe the treatment media that will be utilized in the system.*
4. *Discuss recycling and/or disposal procedures for the treatment media.*

*(Check one that applies)***:**

[ ]  Site will have on-site treatment system for groundwater and/or decontaminated water

[ ]  Not Applicable

Insert Text Here

# GROUNDWATER AND/OR DECONTAMINATION WATER DISPOSAL

## On-Site Sewer Disposal (if applicable)

Instructions:

1. *Describe the disposal system and whether groundwater or decontamination water will be discharged to the New York City sewer.*
2. *If pre-treatment is required prior to discharge in the New York City sewer, describe the elements of the pre-treatment system.*
3. *If sewer discharge will be utilized, identify that the NYCDEP Sewer Use Guidelines must be complied with.*
4. *Provide copies of NYCDEP permits for sewer disposal in* ***Appendix B****.*

*(Check one that applies)***:**

[ ]  Site will have on-site sewer disposal of groundwater and/or decontaminated water

[ ]  Not Applicable

Insert Text Here

## Off-Site Disposal (if applicable)

### Transporter

Instructions:

1. *Provide the name and address of the transporter, name of contact, and waste transporter permit number.*
2. *Discuss their previous experience of transporting groundwater or decontamination water to treatment/disposal facilities.*
3. *Provide copies of permits authorizing transport of groundwater or decontamination water in* ***Appendix E****.*
4. *Provide a copy of the signed letter of agreement to accept groundwater or decontamination water for transport in* ***Appendix E****.*

*(Check one that applies)***:**

[ ]  Site will have off-site disposal of groundwater and/or decontaminated water

[ ]  Not Applicable

The Transporter for the project is identified below with their contact information:

**Transporter**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Waste Transporter Number: Insert Text Here

**Transport Experience**

Insert Text Here

### Treatment/Disposal Facilities

#### Primary Treatment/Disposal Facility

Instructions:

1. *Provide the name and address of the primary treatment/disposal facility, name of contact and phone number, and United States Environmental Protection Agency (USEPA) Identification Number.*
2. *Provide the date of the last compliance inspection.*
3. *Provide the unit of measure utilized for costing purposes.*
4. *Specify and describe disposal/containment units used to manage water and provide the dates of construction and beginning of use. Identify the capacity available in the units and the reserved capacity for the project’s groundwater or decontamination water.*
5. *Describe sampling and field/laboratory analyses conducted to obtain treatment/disposal facility approval.*
6. *Provide signed letter of agreement to accept groundwater or decontamination water for treatment/disposal in* ***Appendix F****.*
7. *Provide a list of all valid permits, licenses, and/or letters of approval to operate in* ***Appendix G****.*
8. *Provide a list of all valid permits, licenses, and/or letters of approval to operate applied for but not yet received in* ***Appendix H****. Identify on the list the dates of submittals and any planned submittals.*
9. *Provide a list of all unresolved compliance orders, enforcement notices or notices of violation in* ***Appendix I****. Identify on the list the source and nature of the violation (if known) and if groundwater contamination is noted, provide details of the groundwater monitoring program in* ***Appendix J.***

*(Check one that applies)***:**

[ ]  Site will have off-site treatment/disposal of groundwater and/or decontaminated water

[ ]  Not Applicable

The Primary Treatment/Disposal Facility for the project is identified below with their contact information:

**Primary Treatment/Disposal Facility**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

USEPA Identification Number: Insert Text Here

**Date of Last Compliance Inspection**: Insert Text Here

**Unit of Measure Utilized for Costing Purposes**: Insert Text Here

**Disposal Containment Units Used to Manage Water**

Insert Text Here

**Sampling and Field/Laboratory Analyses**

Insert Text Here

#### Backup Treatment/Disposal Facility

Instructions:

1. *Provide the name and address of the primary treatment/disposal facility, name of contact and phone number, and USEPA Identification Number.*
2. *Provide the date of the last compliance inspection.*
3. *Provide the unit of measure utilized for costing purposes.*
4. *Specify and describe disposal/containment units used to manage water and provide the dates of construction and beginning of use. Identify the capacity available in the units and the reserved capacity for the project’s groundwater or decontamination water.*
5. *Describe sampling and field/laboratory analyses conducted to obtain treatment/disposal facility approval.*
6. *Provide the signed letter of agreement to accept groundwater or decontamination water for treatment/disposal in* ***Appendix J.***
7. *Provide a list of all valid permits, licenses, and/or letters of approval to operate in* ***Appendix K****.*
8. *Provide a list of all valid permits, licenses, and/or letters of approval to operate applied for but not yet received in* ***Appendix L****. Identify on the list the dates of submittals and any planned submittals.*
9. *Provide a list of all unresolved compliance orders, enforcement notices or notices of violation in* ***Appendix M****. Identify on the list the source and nature of the violation (if known) and if groundwater contamination is noted, provide details of the groundwater monitoring program in* ***Appendix M****.*

*(Check one that applies)***:**

[ ]  Site will have on-site sewer disposal of groundwater and/or decontaminated water

[ ]  Not Applicable

The Backup Treatment/Disposal Facility for the project is identified below with their contact information:

**Backup Treatment/Disposal Facility**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

USEPA Identification Number: Insert Text Here

**Date of Last Compliance Inspection**: Insert Text Here

**Unit of Measure Utilized for Costing Purposes**: Insert Text Here

**Disposal Containment Units Used to Manage Water**

Insert Text Here

**Sampling and Field/Laboratory Analyses**

Insert Text Here

**Appendix A**

**Copy of All Submitted Permit Applications for the Project**

**Appendix B**

**Copy of All Approved Permits for the Project**

**Appendix C**

**Documentation Demonstrating Minimum Training Requirements for Water Treatment Specialist**

**Appendix D**

**Copy of All Laboratory Certifications**

**Appendix E**

**Copy of Transporter Permit and Signed Letter of Agreement from Transporter**

**Appendix F**

**Copy of Signed Letter of Agreement to Accept Water from Primary Treatment/Disposal Facility**

**Appendix G**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate from Primary Treatment/Disposal Facility**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate**

**from Primary Treatment/Disposal Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit, License, and/or Letter of Approval** | **Date Issued** | **Expiration Date** | **Description** |
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**Appendix H**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate Applied for But Not Yet Received from Primary Treatment/Disposal Facility**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate**

**Applied for But Not Yet Received from Primary Treatment/Disposal Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit, License, and/or Letter of Approval** | **Date of Submittal** | **To Be Submitted** | **Description** |
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**Appendix I**

**List of All Unresolved Compliance Orders, Enforcement Notices, and/or Notices of Violation from Primary Treatment/Disposal Facility**

**List of All Unresolved Compliance Orders, Enforcement Notices, and/or Notices of Violation from Primary Treatment/Disposal Facility**

|  |  |  |
| --- | --- | --- |
| **Compliance Order, Enforcement Notice and/or Notice of Violation** | **Identification of Source and Nature of Violation (If Known)** | **If Groundwater Contamination is Noted, Provide Details of Groundwater Monitoring Program** |
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**Appendix J**

**Copy of Signed Letter of Agreement to Accept Water**

**from Backup Treatment/Disposal Facility**

**Appendix K**

**List of Valid Permits, Licenses, and/or Letters of Approval to Operate from Backup Treatment/Disposal Facility**

**List of Valid Permits, Licenses, and/or Letters of Approval to Operate**

**from Backup Treatment/Disposal Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit, License, and/or Letter of Approval** | **Date Issued** | **Expiration Date** | **Description** |
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**Appendix L**

**List of Valid Permits, Licenses, and/or Letters of Approval to Operate Applied for But Not Yet Received from Backup Treatment/Disposal Facility**

**List of Valid Permits, Licenses, and/or Letters of Approval to Operate**

**Applied for But Not Yet Received from Backup Treatment/Disposal Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit, License, and/or Letter of Approval** | **Date of Submittal** | **To Be Submitted** | **Description** |
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**Appendix M**

**List of Unresolved Compliance Orders, Enforcement Notices, and/or Notices of Violation from Backup Treatment/Disposal Facility**

**List of Unresolved Compliance Orders, Enforcement Notices, and/or Notices of Violation from Backup Treatment/Disposal Facility**

|  |  |  |
| --- | --- | --- |
| **Compliance Order, Enforcement Notice and/or Notice of Violation** | **Identification of Source and Nature of Violation (If Known)** | **If Groundwater Contamination is Noted, Provide Details of Groundwater Monitoring Program** |
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