

TRANSMITTAL COVER SHEET

TO: Christopher Doll, P.G., Assessment Section Manager

**COMPANY / AGENCY: UST Program / Bureau of Land and Waste
Management**

FROM: Joseph Goings

**RE: CARTA Leeds Avenue Operations Center; UST Permit #09959
Site-Specific Work Plan**

DATE: March 17, 2015

TRANSMITTAL VIA: Standard US Mail Priority US Mail
 Overnight Courier Hand Delivery


COMMENTS:

Enclosed you will find a Site-Specific Work Plan for the activities requested at the site.

Upon your approval of the Work Plan and cost proposal, ARM personnel will initiate the assessment.

Please do not hesitate to give me a call if you have any questions or if further information is required.

**Sincerely,
ARM Environmental Services, Inc.**


**Joseph A. Goings, P.G.
Staff Geologist**



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

To: Christopher Doll (SCDHEC Project Manager)
 From: Joseph Goings (Contractor Project Manager)
 Contractor: ARM Environmental Services, Inc. UST Contractor Certification Number: #4

Facility Name: CARTA Leeds Avenue Operations Center UST Permit #: 09959
 Facility Address: 3664 Leeds Avenue, Charleston, SC
 Responsible Party: Charleston Area Regional Transportation Authority Phone: _____
 RP Address: 36 John Street, Charleston, SC 29403
 Property Owner (if different): same
 Property Owner Address: _____
 Current Use of Property: Charleston Area Regional Transportation Authority Operations Center

Scope of Work (Please check all that apply)

- IGWA Tier II Groundwater Sampling GAC
 Tier I Monitoring Well Installation Other _____ Survey, Receptor Survey

Analyses (Please check all that apply)

Groundwater/Surface Water:

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

Soil:

- BTEXN 8 RCRA Metals TPH-DRO (3550B/8015B) Grain Size
 PAH Oil & Grease (9071) TPH-GRO (5030B/8015B) TOC

Air:

- BTEXN

Sample Collection (Estimate the number of samples of each matrix that are expected to be collected.)

1 _____ Soil _____ Water Supply Wells _____ Air 1 _____ Field Blank
 1 _____ Monitoring Wells _____ Surface Water 2 _____ Duplicate 1 _____ 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: 1 _____ Estimated Footage: 12 _____ feet per point
 # of deep wells: _____ Estimated Footage: _____ feet per point
 # of recovery wells: _____ Estimated Footage: _____ feet per point
 Monitoring Well development method (consistent with SOP): pumping

Comments, if warranted:

MW-1

UST Permit #: 09959 Facility Name: CARTA Leeds Avenue Operations Center

Implementation Schedule (Number of calendar days from approval)
Field Work Start-Up: 30 days Field Work Completion: 45 days
Report Submittal: 90 days # 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: 0.5 Tons Purge Water: 50 Gallons
Drilling Fluids: _____ Gallons Free-Phase Product: _____ Gallons

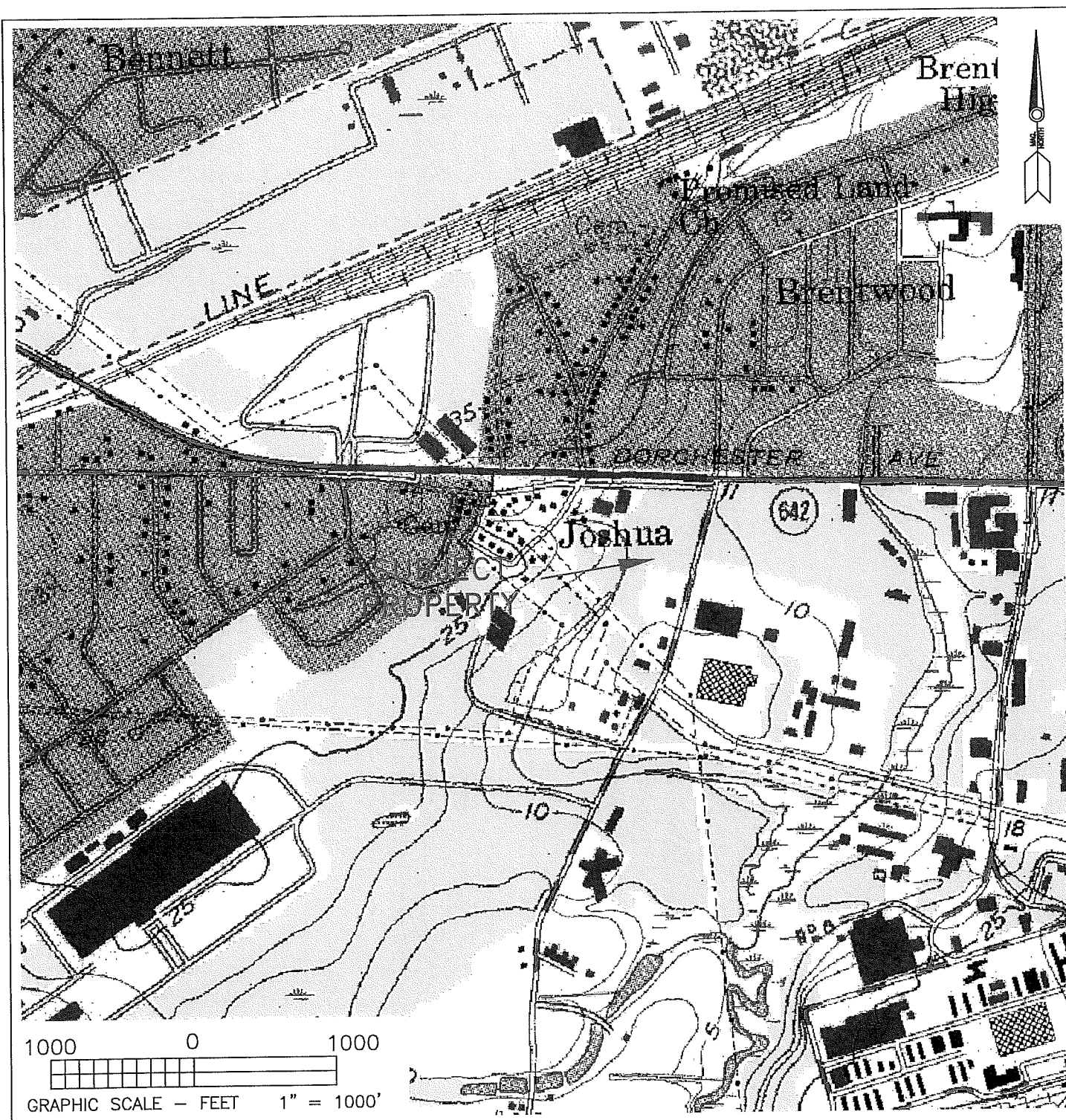
Additional Details For This Scope of Work
For example, list wells to be sampled, wells to be abandoned/repared, well pads/bolts/caps to replace, details of AFVR event, etc.
MW-1

Compliance With Annual Contractor Quality Assurance Plan (ACQAP)
Yes 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 ACQAO? (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



PROJECT:
 INITIAL GROUNDWATER ASSESSMENT
 CARTA LEEDS AVENUE
 3664 LEEDS AVENUE
 CHARLESTON, CHARLESTON COUNTY, SC
 UST PERMIT #09959

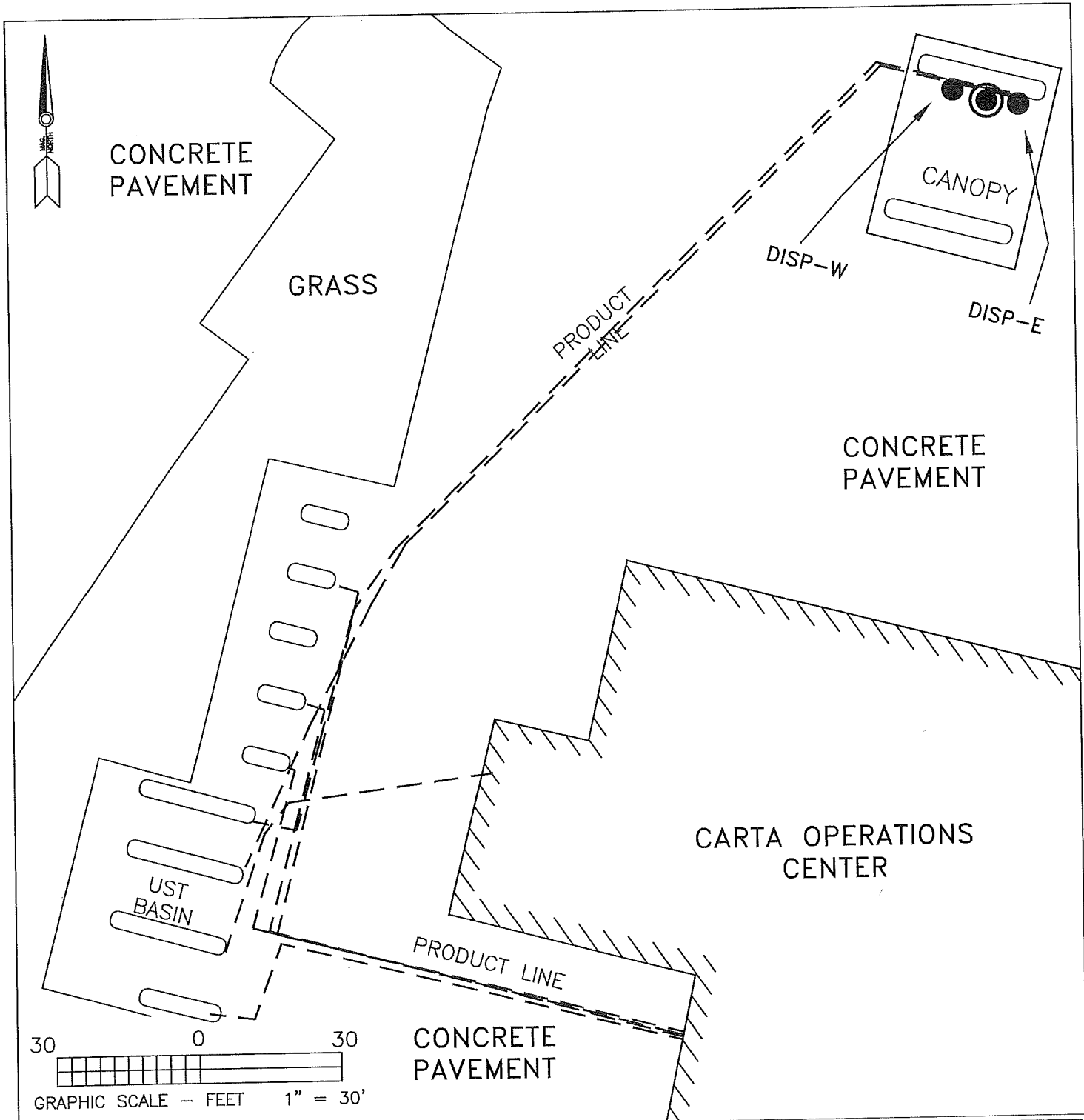
DESCRIPTION:
 SITE LOCATION MAP

FIGURE 1
DATE:
 MARCH 2015

ARM ENVIRONMENTAL SERVICES, INC.

REFERENCE:
 U.S.G.S. TOPOGRAPHIC MAP
 (7.5 MINUTE SERIES)
 JOHNS ISLAND - 1958/1979
 SOUTH CAROLINA QUADRANGLE

LEGEND:



PROJECT:
 INITIAL GROUNDWATER ASSESSMENT
 CARTA LEEDS AVENUE
 3664 LEEDS AVENUE
 CHARLESTON, CHARLESTON COUNTY, SC
 UST PERMIT #09959

DESCRIPTION:
 SITE BASE MAP

FIGURE 2

DATE:
 MARCH 2015



REFERENCE:
 BASED ON AERIAL
 PHOTOGRAPHY OBTAINED FROM
 GOOGLE EARTH, DATED 2014

LEGEND:
 = PROPOSED MW