Remediation Plan Fact Sheet

Ordinance Requirements

- Surface soils containing greater than 400 ppm lead and/or 75 ppm cadmium must be remediated. Removal of contaminated soil by excavation is the preferred method.
- Soil containing 400-799 ppm lead and/or 75-119 ppm cadmium must be covered with a minimum of 6 inches
- Soil containing 800-1,499 ppm lead and/or 120-189 ppm must be covered with a minimum of 12 inches
- Soil containing 1,500 ppm lead and/or 190 ppm cadmium or more must be covered with a minimum of 18 inches
- Excavated soils contaminated with lead must be disposed of in an approved EPA repository
- Fill or cover soil must be certified to contain less than 100 ppm lead and 40 ppm cadmium

Process for Remediation

- 1. Fill out a remediation plan and return it to the Jasper County Health Department. Once the plan is approved you will be notified with an approval letter. This letter must be taken to the permitting agency to receive your building permit.
- 2. After contaminated soil is removed, contact the Jasper County Health Department for intermediate testing prior to adding fill or cover soil.
- 3. When the remediation is complete, contact the Jasper County Health Department for final testing. If the final testing results meet remediation requirements you will be notified with a final clearance letter. This letter is required for obtaining an occupancy permit.

Remediation Plan Requirements

The remediation plan needs to include the following:

- Whether you will excavate the contaminated dirt or layer it with clean soil
- Any excavated soil that is contaminated will be taken to an approved EPA Repository
- Any clean fill brought on the property will be certified to contain less than 100 ppm lead and 40 ppm cadmium

Jasper County Health Department 105 Lincoln Carthage, Missouri 64836 Phone: (417) 358-0480 Toll Free: (877) 879-9131 Fax: (417) 358-0494

ENVIRONMENTAL CONTAMINATION ORDINANCE REMEDIATION FORM

DATE:		
PHONE:		
OWNER'S NAME:		
SUBDIVISION NAME:		
PROPERTY ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTRACTOR TO DO REMEDIATIO	N:	
PHON	νе:	
SITE TESTED ABOVE LIMIT FOR:	🗆 LEAD	ppm
	CADMIUM	ppm
EXCAVATED AREA TESTED:		
FILL TESTED:		

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER Services provided on a non-discriminatory basis

Property owner's proposal for remediation of the site:

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OWNER'S SIGNATURE: _____