


Solid Waste Disposal Facility Part B Application, DEQ Form SW PTB

		Solid Waste Permit No.		SWP	
		New Facility <input type="checkbox"/>		Modification of existing Part B permit <input type="checkbox"/>	
Facility Name:				Type of Landfill:	
Facility Location:					
Contact Person:					
Contact Number:		Contact E-mail:			
Owner Name, Address, and Phone:			Operator Name, Address, and Phone:		
Total Property Acreage:				Facility Boundary Acreage:	
Disposal Unit Boundary Acreage:				Total Capacity (cubic yards):	
Daily Disposal Limit:				Estimated Site Life (years):	
Hours of Operation:					
Types of Wastes to be Accepted (check all that apply)					
Agricultural Waste	<input type="checkbox"/>	Contaminated Soil ₁	<input type="checkbox"/>	Municipal Solid Waste	<input type="checkbox"/>
Animal Carcasses	<input type="checkbox"/>	Debris Waste	<input type="checkbox"/>	Scrap Metal	<input type="checkbox"/>
Asbestos, friable	<input type="checkbox"/>	Demolition Waste	<input type="checkbox"/>	Sludge, industrial	<input type="checkbox"/>
Asbestos, non-friable	<input type="checkbox"/>	Fossil Fuel Combustion Products	<input type="checkbox"/>	Sludge, POTW	<input type="checkbox"/>
Ash, non CCB/FFCP	<input type="checkbox"/>	Household Waste	<input type="checkbox"/>	Vegetative Waste	<input type="checkbox"/>
Commercial Waste	<input type="checkbox"/>	Industrial Waste	<input type="checkbox"/>	Waste Tires	<input type="checkbox"/>
Construction Waste	<input type="checkbox"/>	Institutional Waste	<input type="checkbox"/>	White Goods	<input type="checkbox"/>
Other Special Wastes ₁	<input type="checkbox"/>	Please list:			
Does this facility use or propose to use alternate cover materials? (Yes or No)					
If yes list material(s):					
Solid Waste Management Activities (check all that apply)					
Convenience Center	<input type="checkbox"/>	Material Salvage	<input type="checkbox"/>	Opening Burning	<input type="checkbox"/>
Household Hazardous Waste Collection	<input type="checkbox"/>	Tire Processing (Chipping, Shredding, etc.)	<input type="checkbox"/>	Landfill Mining	<input type="checkbox"/>
Mulching	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please List:	

Liner Design (check all that apply)			
Sanitary Landfill		CDD or Industrial Landfills	
Subtitle D Liner (9VAC20-81-130.J.1.a)	<input type="checkbox"/>	Compacted Clay (9VAC20-81-130.J.2.a)	<input type="checkbox"/>
Pre-approved Alternate (9VAC20-81-130.J.1.b)	<input type="checkbox"/>	Synthetic Liner (9VAC20-81-130.J.2.b)	<input type="checkbox"/>
Additional Alternate (9VAC20-81-130.J.1.c) ₂	<input type="checkbox"/>	Alternate Liner (9VAC20-81-130.J.2.c) ₂	<input type="checkbox"/>
		In-Place Soil (9VAC20-81-130.J.2.d) ₃	<input type="checkbox"/>
		Double Liner (9VAC20-81-130.J.2.e) ₄	<input type="checkbox"/>
Final Cover Design (check all that apply)		Leachate Management (check all that apply)	
Standard Final Cover (9VAC20-81-160.D.2.c)	<input type="checkbox"/>	Leachate Recirculation ₆	<input type="checkbox"/>
Pre-approved Alternate (9VAC20-81-160.D.2.d)	<input type="checkbox"/>	Discharged directly to WWTP	<input type="checkbox"/>
Pre-approved Alternate (9VAC20-81-160.D.2.e)	<input type="checkbox"/>	Treated onsite and discharged ₇	<input type="checkbox"/>
Additional Alternate (9VAC20-81-160.D.2.f) ₅	<input type="checkbox"/>	Transported by a vehicle to an offsite WWTP	<input type="checkbox"/>
		Other method ₈	<input type="checkbox"/>
<p>Stamp Professional Engineer in space provided, meaning to the best of my knowledge, information and belief, the selected landfill liner and final cover designs are, in my professional opinion, suitable for the above named facility based on site specific conditions and engineering principles. The designs proposed in the following Attachments are in compliance with applicable laws, codes, and ordinances.</p>			
Does this application include a Research Development and Demonstration Plan? (Yes or No) ₉			<input type="checkbox"/>
If yes:	The addition of liquids in addition to leachate and gas condensate from the same landfill for accelerated decomposition of the waste mass.		<input type="checkbox"/>
	Allowing run-on water to flow into the landfill waste mass.		<input type="checkbox"/>
	Allowing testing of the construction and infiltration performance or alternative final cover systems.		<input type="checkbox"/>
	Other measures to be taken to enhance stabilization of the waste mass.		<input type="checkbox"/>
Does this application include a variance request(s) to regulatory requirements? (Yes or No)			<input type="checkbox"/>
If yes list regulatory citation(s):			
Footnotes:			
₁ - These waste types require additional information, which should be included in Attachment XIII to receive approval. ₂ - Alternate liner demonstration must be included in Attachment XIV. ₃ - Laboratory test results documenting permeability of in-place soil must be included in Attachment XV. ₄ - Witness zone monitoring program must be included on the Site Monitoring Plan in Attachment III. ₅ - Alternate final cover demonstration must be included in Attachment XVI. ₆ - To receive approval for recirculation the irrigated area must be a Sanitary Landfill and underlain by a composite liner or a Research, Development, or Demonstration Plan must be included in Attachment XVII. ₇ - To receive approval for discharge of leachate to surface water an approved VPDES permit must be included in Attachment VIII. ₈ - A description of the proposed method must be included in Attachment VIII. ₉ - Only Sanitary landfills with a liner in accordance with 9VAC20-81-130.J.1 are eligible to submit RDD plans.			

Attachments. The following attachments must be submitted in the order prescribed
Attachment I: Notice of Intent
Attachment II: VDOT Adequacy Report and Approval Letter (If increasing Daily Disposal Limit)
Attachment III: Design Plans
Attachment IV: Closure Plan
Attachment V: Post Closure Plan
Attachment VI: Design Report
Attachment VII: Construction Quality Assurance (CQA) Plan and Technical Specifications
Attachment VIII: Leachate Management Plan
Attachment IX: Landfill Gas Plans
Attachment X: Groundwater Monitoring Plan
Attachment XI: Groundwater Corrective Action Plan
Attachment XII: Financial Assurance Documentation
Attachment XIII: Special Waste Documentation
Attachment XIV: Alternate Liner Demonstration
Attachment XV: Laboratory Test Results Documenting Permeability of In-place Soils
Attachment XVI: Alternate Final Cover Demonstration
Attachment XVII: Research, Development, and Demonstration Plan

Responsible Official Signature:	
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete.</p>	
Name:	Title:
Signature:	Date: