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| **ADEC logo.png** | **One-Time Sewage Solids Landfill****Authorization Application****Alaska Department of Environmental Conservation****Solid Waste Program** | **ADEC Office Only:**Landfill Name: Authorization #:  |

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| **Instructions** |
| This application is for authorization to conduct a one-time disposal of up to 1000 cubic yards of sewage solids issued under 18 AAC 60.200(d). |
| In the application, the term **“facility”** refers to all land, structures, other appurtenances, and improvements on land used for treatment, storage, or disposal of solid waste. |
| This authorization will only be issued under the following conditions:* Waste must be generated locally (with 25 miles of disposal facility).
* Waste must be generated from a single project.
* Waste must consist solely of sewage solids that are greater than 10 % solids
* Total volume of waste may not exceed **1000 cubic yards**.
* The facility must be located in a remote area with no year-round ground access to a system of connected roads with a total length of 100 miles or more **OR** all permitted landfills that accept sewage solids are more than 100 road miles away or have refused, in writing, to accept the waste.
* Active disposal at the facility may not exceed one year in duration
 |
| If these conditions do not apply, you may apply for a Sewage Solids Landfill Permit or the waste must be disposed in an existing permitted landfill. |
| If a required item is not applicable, please explain why. Please organize and number all attachments and identify which attachment applies to each item. Click on the grey box (appears when you hover over or click in the space) to enter text. Each line will expand as needed to accommodate the text entered. |

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| **Section 1. Property Information** |
| Facility Name:  |
| Nearest Community:  |
| Legal Property Description: |
|   |
| Section:  | Township:  | Range:  | Meridian:  |
| General Property Description: |
|   |
| Latitude:  | Longitude:  |
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| Landowner:  | Contact Name:  |
| Address:  | City:  | State:  | Zip:  |
| Email:  | Phone:  |

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| **Section 2. Contact Information**  |
| **Applicant** (Co. or Entity)**:**   |
| Contact Name:  |
| Address:  | City:  | State:  | Zip:  |
| Email:  | Phone:  |
| Type of Entity: | [ ] Government | [ ] Corporation | [ ] Other:  |
| State of Incorporation or Registration:  | Alaska Business License Number:  |
| IRS Tax ID Number:  |  |
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| **Facility Owner** (if different than applicant)**:**   |
| Contact Name:  |
| Address:  | City:  | State:  | Zip:  |
| Email:  | Phone:  |
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| **Facility Operator** (if different than applicant)**:**   |
| Contact Name:  |
| Address:  | City:  | State:  | Zip:  |
| Email:  | Phone:  |
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| **Agent/Consultant:**   |
| Contact Name:  |
| Address:  | City:  | State:  | Zip:  |
| Email:  | Phone:  |

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| **Section 3. Fees** |
| Submit payment for the $1500 fee listed in 18 AAC 60.700, Table E-3. If payment is not included, the application will be returned to the applicant. |

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| **Section 4. Project Overview** |
|  | Source of the sewage solids: |   |
|  | Anticipated start date of active disposal of waste: |   |
|  | Anticipated completion date for waste disposal: |   |
|  | Estimate the quantity of waste to be disposed: |   | Cubic yards |
|  | Sampling – Prior to disposal a sample of the sewage solids must be tested to ensure it does not exceed the following maximum allowable pollutant concentrations. |
|  | **Analyte** | **Concentration**  | Sampling results: |
|  | Arsenic | 30 mg/kg | [ ]  Are attached to this application |
|  | Chromium | 200 mg/kg | [ ]  Will be submitted prior to disposal |
|  | Nickel | 210 mg/kg |  |

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| **Section 5. Location Information** |
|  | **Property Ownership** |
|  | 1. Attach a copy of the deed or another legal document that identifies the landowner.
 | **Att. #:** |   |
|  | 1. If the applicant is not the landowner, attach a written statement signed by the landowner showing that the landowner consents to the disposal facility and agrees to the placement of a notation on the deed, or a copy of any lease agreement that is relevant to the proposed activity.
 | **Att. #:** |   |
|  | Is the facility in a remote area with **no** year-round ground access to a system of connected roads with a total length of 100 miles or more?**OR**Are any landfills located within 100 road miles permitted to accept sewage solids? If yes, attach a copy of written refusal to accept the waste. | [ ]  Yes[ ]  Yes | [ ]  No[ ]  No |
|  | **Maps**Attach updated maps and/or aerial photographs as needed to show the following: |
|  | 1. Location of the facility property boundary.
 | **Att. #:** |   |
|  | 1. All planned disposal locations (must be at least 50 feet from the property boundary)
 | **Att. #:** |   |
|  | 1. Location and flow direction of all surface water bodies, streams, and containment or diversion structures within 500 feet of the facility property boundary.
 | **Att. #:** |   |
|  | 1. Location of all drinking water sources within one-half mile of the facility property boundary. There should be no drinking water sources within 500 feet of the facility property boundary.
 | **Att. #:** |   |
|  | 1. Location of the waste generation site with distance to the facility noted.
 | **Att. #:** |   |
|  | 1. Location of any wetlands within 500 feet of the facility property boundary.
 | **Att. #:** |   |
|  | 1. Location of permafrost or discontinuous permafrost within 500 feet of the facility property boundary.
 | **Att. #:** |   |
|  | 1. Location of any 100-year floodplain in the area.
 | **Att. #:** |   |
|  | 1. Location of any documented earthquake faults or unstable areas within 200 feet of the facility property boundary.
 | **Att. #:** |   |
|  | **Surface Water Information** |
|  | 1. Distance to nearest surface water body:
 |   | feet |
|  | 1. Describe how surface water and/or storm water will be prevented from entering the disposal cell.
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|  | **Groundwater Information** |
|  | 1. Distance to Groundwater:
 |   | feet below ground surface |
|  | 1. Describe or Attach information documenting now the groundwater level at the facility was determined.
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| **Section 6. Operations Information** |
|  | **Access Control** |
|  | 1. Describe how public access to the facility will be restricted during operations and for at least three years after closure.
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| 1. 2.
 | **Daily Cover** |
|  | 1. At least 6 inches of soil cover will be applied to the waste at the end of each working day.
 | [ ] Understood |
|  | 1. Where will cover material be obtained?
 |   |
|  | 1. Where will cover material be stored?
 |   |
| 3. | **Operating Record** |
|  | For each of the following records, list the individual responsible for maintaining the record and the location where each of the records will be kept. Note, the records must be retained for at least 5 years beyond the closure date of the facility. |
|  | **Record** | **Record Keeper** | **Record Location** |
|  | Copy of the complete application |   |   |
|  | Copy of the ADEC authorization |   |   |
|  | Visual monitoring records |   |   |
|  | Sampling Results |   |   |

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| **Section 7. Facility Closure** |
| 1. | Describe the steps necessary to close the facility and attach a timeline of closure activities, including: |
|  | 1. Identify the source and expected volume of the cover materials:
 |
|  | **Material** | **Volume**(Cubic yards) | **Source** |
|  | 18” Clean fill soil |   |   |
|  | 6” of topsoil or other growth media |   |   |
|  | 1. Describe how the cover will be graded to promote surface water runoff and prevent ponding.
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|  | 1. List the plant species that will be used for revegetation of the facility, as recommended by the Alaska Plant Material Center (907-745-4469), or describe other revegetation plans.
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|  | 1. Describe (or show on a map) the location and process for installation of four permanent markers, one at each of the corners of the disposal cell.
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| 2. | Attach conceptual closure drawings that show: |
|  | 1. Projected final site grades after the facility is closed.
 | **Att. #:** |   |
|  | 1. Final cover details.
 | **Att. #:** |   |

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| **Section 8. Specific Conditions**Your signature below indicates that you agree to each of the following conditions regarding construction, operations, closure, and post closure care of the facility. |
|  | Local ordinances and requirements will be adhered to in construction and operations of the facility. |
|  | Waste will be inspected prior to disposal to ensure that only sewage solids will be disposed at the facility. Other types of waste are prohibited at the facility. |
|  | No more than 1000 cubic yards of waste will be disposed at the facility. |
|  | Improper or unauthorized waste disposal or spills will be cleaned up immediately. |
|  | Damage to any part of the facility will be repaired immediately. |
|  | Any violations of regulations or conditions of the authorization will be addressed immediately and reported to ADEC as appropriate. |
|  | Disposal at the facility will not exceed one year in duration or beyond the expiration of the authorization. Extension of the authorization may be requested under 18 AAC 60.200(d)(5). |
|  | Closure of the facility will begin no later than 60 days after the last waste is deposited. |
|  | Permanent markers from which a survey could be performed will be installed at the four corners of the disposal cell. |
|  | Photos showing the four sides of the landfill will be submitted to ADEC before equipment is demobilized from the community. ADEC will determine if additional closure measures are required. |
|  | A closure report will be submitted to ADEC for approval within **90 days** of final waste placement. The report will include:* An updated site map showing the boundaries of the disposal cell.
* Documentation of the depth and volume of waste deposited.
* Documentation that the required notation has been made to the property deed.
* Photos showing the integrity of the final cover.
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|  | The cover of this disposal cell will be corrected or repaired, at any time after facility closure is approved, if ADEC determines that there is a threat to human health or the environment. |

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| **Section 9. Signature** |
| **I certify, under penalty of perjury, that all of the information and exhibits in this application are true, accurate, and complete and I agree to the specific conditions above.** |
| Printed Name:  | Title:  |
| Signature: | Date:  |
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| All applications must be signed as follows per 18 AAC 15.030:* **Corporations:** A principal executive officer, an officer that is no lower than the level of vice president, or a duly authorized representative who is responsible for the overall management of the project or operation.
* **Municipal, state, federal, or other public entity:** A principal executive officer, ranking elected official, or duly authorized employee.
* **Partnerships:** A general partner.
* **Sole proprietorship:** The proprietor.
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