

## SOLID WASTE LAND DISPOSAL FACILITIES RENEWAL APPLICATION CHECKLIST

State Form 53088 (6-22) Indiana Department of Environmental Management

## INSTRUCTIONS: 1. The application **must** contain the following information. When specifying the location of an item, include the **Volume, Section,** and **Appendix** in which the item is located, in addition to the **Page** or **Drawing Number**.

- 2. Please check the **Present** box if the item is in the application.
- 3. This checklist is **not** to be used for processing facilities, including transfer stations.

		Required Information	R	Present? (Y, N or N/A)	Location in Application Submittal
329	9 IAC 10	-11-2.1 General			
I.	Electron	c copy of application in a type and format as prescribed by the commissioner.	Р		
II.	If applicant is a corporation, copy of the certificate of existence signed by the Indiana Secretary of State (if applicable).		Р		
III.	I. All plans and documentation are properly titled.		Е		
IV.	. Have closure / post-closure plans been previously submitted and approved? If Answer is "no," please submit closure and post-closure plans with this renewal application.		Е		
329	9 IAC 10	-11-2.1; 10-11-5.1 Permit Application Form			
I.	Type of	permit being applied for checked.	Р		
II.	The perr	nit application form includes:			
	A. The	name, address, and telephone number of the applicant (current permittee) (Section A).	Р		
	B. The	name, address, and telephone number of the facility owner (Section B).	Р		
	C. The	name, address, and telephone number of the facility operator (Section C).	Р		
	D. The	name, address, and telephone number of the facility property owner (Section D).	Р		
	E. Fac	ility information, including the following (Section E):			
	1.	The official name of the facility.	Р		
	2.	The operation permit number of the facility.	Р		
	3.	The mailing address of the facility.	Р		
	4.	The location address or location description for the facility.	Р		
	5.	The name and phone number (with area code) of the facility contact person.	Р		
	6.	A description of the type of operation (check off box for type of operation).	Р		
	7.	The number of acres permitted for waste disposal.	Е		
	7.	The planned or remaining life of the facility in years.	Р		
	8.	The expected amount of waste to be received in tons per operating day or cubic yards per operating day.	Р		
	9.	The type(s) of waste to be received.	Р		
	F. The	names and addresses of affected government officials (Section F), including:			
	1.	The names and addresses of members of the board of county commissioners of a county that is affected by the permit application.	Р		
	2.	The names and addresses of the mayors of any cities that are affected by the permit application.	Р		
	3.	The names and addresses of the presidents of town councils of any towns that are affected by the permit application.	Р		
	G. Atta	chments Required			
	1.	A legal description (defined by 329 IAC 10-2-104) of the facility location that includes the information listed in Section G, item 1.	Р		
	2.	The names and addresses of all owners or last taxpayers of record of property of adjoining land that is within one-half ( $\frac{1}{2}$ ) mile of the solid waste boundary.	Р		

The "R" column denotes the following reviewers: P=Permit Manager E=Engineer

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3.	A topographic plot plan that reflects the current condition of the facility and current elevations taken within twelve (12) months of the submittal of the application and accurately identifying the following information to a scale as required by 329 IAC 10-15-2(a), 329 IAC 10-24-2(a), or 329 IAC 10-32-2(a):	Ρ		
	a. Areas of final cover, including certified closed area, and type of final cover.	Р		
	b. Filled areas lacking final cover, grading, and seeding.	Р		
	c. Current areas of operation.	Р		
	d. Projected solid waste disposal areas on a per year basis for the next five (5) years.	Р		
4.	A copy of the latest approved final contour plot plan with scale, as required by 329 IAC 10-15-2(a).	Р		
5.	A copy of the latest approved subgrade contours or the uppermost contour of the soil liner.	Р		
6.	A copy of the fee transmittal form with a copy of either the 1) payment check, 2) credit card payment receipt or 3) ACH payment receipt for the renewal fee amount established by 329 IAC 10-11-8 or 329 IAC 11-9-4.1. If paying by check, submit each check and original of the fee transmittal form to the address shown on the fee transmittal form. If paying by Visa or Master Card call (317) 234-3099, or if paying by the ACH payment system call (317) 233-2394.	Ρ		
H. Sig	natures and certification statements (Section H).	Р		

Preparer's Name (Please Print)

Preparer's Title (Please Print)

Preparer's Name (Signature)

Date (Month, Day, Year)

Preparer's Telephone Number

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