

Agency of Natural Resources
Department of Environmental Conservation
Solid Waste Management Program
103 South Main Street - 1 South
Waterbury, VT 05671-0407
Telephone: (802) 241-3444 FAX: (802) 241-3296

STORAGE, TRANSFER and RECYCLING FACILITY CERTIFICATION
APPLICATION FORM FOR NEW OR NOT PREVIOUSLY CERTIFIED FACILITIES
August 18, 1999; revised November 26, 2002

1. Facility, Facility Owner, Operator, and Contact Person Information

A. Facility Name: _____
Facility Address: _____

Telephone: _____

B. Facility Owner: _____
Signature: _____
Mailing Address: _____

Telephone: _____

C. Facility Operator: _____
Signature: _____
Mailing Address: _____

Telephone: _____

D. Primary Contact Person: _____
Mailing Address: _____

Telephone: _____

E. Secondary Contact Person (optional): _____
Mailing Address: _____

Telephone: _____

2. Person who prepared the application

Name: _____
Signature: _____
Mailing Address: _____

Telephone: _____

3. Landownership

- a) If you own the property on which the facility is located, indicate the Book and Page where the deed is recorded: Book _____ Page _____. Attach a copy of the deed to the application.
- b) If the landowner has granted to you an unencumbered right to possession of the property to be used for the facility, attach a statement from the landowner.
- c) If you lease the property to be used for the facility, the landowner must sign below.

Landowner: _____
Signature: _____
Mailing Address: _____
Telephone: _____

4. Facility Location

Please specify the latitude and longitude for the facility using a Global Position System (GPS) receiver. Alternatively, you may attach a copy of the appropriate Vermont orthophoto tax map with the location of the facility clearly and accurately marked.
(GPS) Latitude _____ and Longitude _____.

I request that the Program obtain the latitude and longitude for the facility (please check) ____.

5. List the Operational Units at this facility.

Include all solid waste activities that are anticipated over the term of certification.

6. Days and Hours of Facility Operation

Days _____ Hours: _____

7. Types and Amounts of Materials Handled at the Facility

A. Materials to be Transferred for Disposal or Incineration

- 1. Growth Capacity. This is the amount of solid waste which the facility can technically manage, on an annual basis, over the term of certification. List the amounts in tons. For tires list the number of tires. For Asbestos list the amount in cubic yards.

<u>Material Type</u>	<u>Annual Amount Accepted</u>	<u>Maximum Amount Accepted per day</u>	<u>Maximum Amount Stored on Site</u>
Household/commercial garbage	_____	_____	_____
Construction & Demolition wastes	_____	_____	_____
Bulky Waste, e.g. Furniture	_____	_____	_____
Tires	_____	_____	_____
Asbestos	_____	_____	_____
Untreated wood	_____	_____	_____
Bricks/Mortar/Concrete	_____	_____	_____
HHW/CEG	_____	_____	_____
Other (list)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Operating Capacity. List the amounts in tons. For tires list the number of tires. For Asbestos list the amount in cubic yards.

<u>Material Type</u>	<u>Annual Amount Accepted</u>	<u>Maximum Amount Accepted per day</u>	<u>Maximum Amount Stored on Site</u>
Household/commercial garbage	_____	_____	_____
Construction & Demolition wastes	_____	_____	_____
Bulky Waste, e.g. Furniture	_____	_____	_____
Tires	_____	_____	_____
Asbestos	_____	_____	_____
Untreated wood	_____	_____	_____
Bricks/Mortar/Concrete	_____	_____	_____
HHW/CEG	_____	_____	_____
Other (list)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Recyclable Materials to be Accepted

<u>Type of Recyclable Material:</u>	<u>Amount (tons/year)</u>	<u>Maximum Amount Stored on Site</u>
1) <u>Paper products</u>		
a) Newspaper	_____	_____
b) Cardboard	_____	_____

**Storage, Transfer and Recycling Facility Application Form
For New or Not Previously Certified Facilities**

<u>Type of Recyclable Material:</u>	<u>Amount (tons/year)</u>	<u>Maximum Amount Stored on Site</u>
c) Mixed paper	_____	_____
d) Other (list):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
2) <u>Glass</u>	_____	_____
3) <u>Metals</u>		
a) Appliances:	_____	_____
b) Aluminum and steel cans:	_____	_____
c) Other Metals (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
4) <u>Plastics</u>		
a) HDPE, #2 - clear (milk jugs)	_____	_____
_____ - colored (soap jugs)	_____	_____
b) PET #1	_____	_____
c) Other plastics (list):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
5) <u>Lead Acid Batteries</u>	_____	_____
6) <u>Other Recyclable Materials</u> (list):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Materials to be Composted

Composting will occur at this facility. I believe the composting activity is exempt from the Rules and I have attached a description of the activity _____ (check). I believe the composting activity qualifies for Categorical Certification. I have attached a completed categorical composting facility certification application form. _____ (check).

D. Categorical Disposal

One or more of the wastes identified in §6-309 of the Rules will be disposed at this facility. I have enclosed a completed categorical disposal facility certification application form _____ (check).

8. Notifications

A. Conditionally Exempt Generator (CEG) Regulated Waste Notification

1. CEG Regulated Waste will be accepted at this facility. I have filed a Notification of Regulated Waste Activity Form on _____. (Indicate the date filed)
2. I have filed an up-dated Notification of Regulated Waste Activity Form due to changes in waste type, waste amount, or owner or facility contact information on _____. (Indicate the date filed)

B. Used Oil Collection Facility Notification

Used Oil will be accepted at this facility. I have filed a Notification of Regulated Waste Activity Form on _____. (Indicate the date filed)

9. Liquid Collection and Treatment

Leachate will be disposed in the _____ Wastewater Treatment Facility located in _____ (City/Town), _____ (State). For facilities located in Vermont, I have contacted the Wastewater Management Division concerning the need for a permit or other authorization needed on _____. (Indicate date)

10. Application Fee Submitted with the Application \$_____.

Show your calculations for the fee amount. Make the check payable to: *Treasurer, State of Vermont.*

11. Certification of Compliance with the Rules

All applications must be prepared under the direction of a professional engineer licensed in the State of Vermont. The engineer must certify that the application is in compliance with all applicable standards contained or referenced in the Rules. The Secretary may waive this requirement upon request by the applicant. The waiver request must be included as an attachment with this application. If a P.E. waiver is requested, the applicant must certify that the application is in compliance with all applicable standards contained or referenced in the Rules.

A. Professional Engineer Certification

To the best of my information, knowledge, and belief, this application is in compliance with all applicable standards contained or referenced in the Vermont Solid Waste Management Rules (eff. 6/24/02).

Engineer Signature: _____ License No. _____
Date : _____

B. Applicant Certification

To the best of my information, knowledge, and belief this application is in compliance with all applicable standards contained or referenced in the Vermont Solid Waste Management Rules (eff. 6/24/02).

Applicant Signature: _____ Date: _____

12. Application Documents

The following documents and information must be submitted with this form as part of the application:

- Property deed: Copy attached
- Unencumbered Right to Possession of Property: A statement from the landowner conveying to you an unencumbered right to possession of the property to be used for the facility
- Completed Categorical Certification Application Forms for Composting and Disposal Operational Units as appropriate
- Description of Exempt Composting Activity, if appropriate
- Orthophoto Tax Map: A copy which shows the property to be used for the facility
- Application Fee: Check attached
- P.E. Waiver: If appropriate, a request for a waiver from the requirement for a P.E. to prepare the application
- Plan for Public Notice of the Application: Attached
- Notice to Municipality: Information which demonstrates compliance with the requirements of 10 V.S.A. §6605(f)
- Planning Requirements: Information which demonstrates compliance with the planning requirements of 10 V.S.A. §6605(c)

- Siting Requirements: Information which demonstrates compliance with the siting requirements of Subchapter 5 of the Rules
- Facility Management Plan which complies with the requirements of §6-1202 of the Rules
- P.E. Waiver: If appropriate, a request for a waiver from the requirement for a P.E. to prepare the facility management plan
- Facility site and engineering plans
- Facility closure plan and closure cost estimates
- Plan for financial responsibility or financial capability
- Background Disclosure Statements: Completed forms attached