**THIS IS AN APPLICATION FOR EITHER A CLAIMS-MADE OR OCCURRENCE POLICY.**

**PLEASE REVIEW THE APPROPRIATE POLICY CAREFULLY.**

**INSTRUCTIONS:**

* Please print or type clearly.
* Please answer all questions applicable to the coverages requested. If any questions in those sections do not apply, please answer “N/A.”
* If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
* The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.
* Five (5) years of currently valued loss runs for all requested coverages must be provided if prior coverage exists.

**IMPORTANT – IN ORDER TO GENERATE APPLICATION SPECIFIC TO DESIRED COVERAGES, PLEASE CHECK COVERAGES REQUESTED AND COMPLETE THE CORRESPONDING SECTION(S)**

|  |
| --- |
| **COVERAGE REQUESTED** |
|[ ]  SITE POLLUTION IMPAIRMENT LIABILITY COVERAGE (SPIL) | Complete SITE POLLUTION IMPAIRMENT LIABILITY SECTION |
|[ ]  PACKAGE (SITE POLLUTION AND GENERAL LIABILITY) COVERAGE | Complete SPIL Application below and GL Acord Application |
|[ ]  EXCESS COVERAGE AND PACKAGE UMBRELLA | COMPLETE EXCESS COVERAGE AND PACKAGE UMBRELLA SECTION (in addition to primary coverage sections) |
| YES [ ]  NO [ ]  | COVERAGE ENHANCEMENTS* Non-Owned Disposal Sites ( NODS) – Addendum A
* Transportation (TPL) – Addendum B
* Chemical Use, Storage, and Treatment – Addendum C
* Treatment Facilities – Addendum D
* Recycling Facilities, Transfer Stations,

 or Landfills – Addendum D* Above Ground Storage Tanks (AST) - Addendum E
 | Complete applicable COVERAGE ENHANCEMENTS SECTION (Addendums A – F) |

|  |
| --- |
| **GENERAL APPLICANT INFORMATION (MANDATORY)** |
| Named insured: |  |
| Mailing address: |  |
| Contact name: |  |
| Telephone #: |  |
| Fax #: |  |
| Email address: |  |
| Company website: |  |
| Year established:SIC or NAIC CodeAcreage |  |
| EPA ID # (if applicable) |  |
| Business type: | [ ]  Corporation [ ]  Individual [ ]  Joint Venture [ ]  LLC/LLP [ ]  Partnership [ ]  Other |
| FEIN #: |  |

|  |
| --- |
| 1. List other entities requesting coverage under this policy and their relationship with the named insured:

  |
| 1. Are there any additional insureds? YES [ ]  NO [ ]
 |
|  If yes, list the entities and their relationship to the named insured and services performed:  |
| 1. Description of named insured’s operations:

  |
| 1. **REVENUES (for all entities to be insured):**
 | **DOMESTIC** |
| Current estimated annual revenue: | $  |
| Prior year’s annual revenue |  |
| 1. States in which you conduct operations:
 |
| 1. At the time of signing this application, is the applicant aware of any fact, circumstance, or situation which may reasonably result in a claim against the applicant or any other person or entity for which coverage is being sought?
 | YES [ ]  NO [ ]  |
| If yes, please describe and provide currently values loss runs if prior coverage existed:  |
| 1. Has any environmental coverage ever been declined, cancelled or non-renewed?
 | YES [ ]  NO [ ]  |

|  |
| --- |
| **REQUESTED COVERAGE DETAILS** |
|  | **GENERAL LIABILITY** | **SITE POLLUTION COVERAGE** | **EXCESS COVERAGE AND PACKAGE UMBRELLA** |
| **CHECK IF APPLICABLE:** |[ ] [ ] [ ]
| Occurrence / claims made |  | Click here to enter text. |  |
| Limits |  |  |  |
| Deductible / SIR |   |  |   |
| Effective dates |  |  |  |
| Retroactive dateOn-Site Clean-upOff-Site Clean-up | N/A | [ ]  Yes [ ]  No[ ]  Yes [ ]  No | N/A |
| **PREVIOUS AND EXISITING COVERAGE DETAILS** |
|   | **GENERAL LIABILITY** | **SITE POLLUTION COVERAGE** | **EXCESS COVERAGE AND PACKAGE UMBRELLA** |
| **CHECK IF APPLICABLE:** |[ ] [ ] [ ]
| Occurrence / claims made |  |  |  |
| Carrier |  |  |  |
| Limits |  |  |  |
| Deductible / SIR |  |  |  |
| Premium |  |  |  |
| Effective dates |  |  |  |
| Retroactive date |  |  |  |

**COVERED FACILITY LOCATION INFORMATION**

|  |
| --- |
| 1. Facility(ies) to be covered:
 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **STREET ADDRESS** | **CITY** | **STATE** | **ZP CODE** |
| 1.  |   |   |   |
| 2. |   |   |   |
| 3.  |   |   |   |
| 4.  |   |   |   |
| 5.  |   |   |   |

 |
| Facility(ies) details continued (numbers below correspond to addresses above): |
|

|  |  |  |
| --- | --- | --- |
| **OWNED/LEASED** | **CURRENT GENERAL USE OF PROPERTY AND YEAR YOUR OPERATIONS/OWNERSHIP BEGAN ON-SITE** | **LIST OF THIRD PARTY TENANTS ON SITE** |
| 1. |   |   |
| 2.  |   |   |
| 3.  |   |   |
| 4.  |   |   |
| 5. |   |   |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **FENCE?** | **SRINKLER?** | **EMERGENCY LGHTING?** | **ARE THIRD PARTIES ESCRTED WHEN ENTERING PREMISES?** |
| 1.YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| 2.YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| 3.YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| 4 YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| 5.YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |

 |
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| --- |
| **PROVIDE DESCRIPTION OF SITE SECURITY** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

 |
| 1. Prior use of facility(ies) (including year operations began on-site):
 |
| 1. Future use of facility(ies) (including potential material change):
 |
| 1. Are there any known plans for future development, improvement, betterment, demolition or plans for changes in site operations at the locations listed herein?
 | YES [ ]  NO [ ]  |
| If yes, please explain.  |
| 1. Are there any future plans to sell or sublease any of the locations listed herein?
 | YES [ ]  NO [ ]  |
| If yes, please explain. |
| 1. Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination?
 | YES [ ]  NO [ ]  |
| If yes, please provide explanation and attach copies**.**  |
| 1. Have any prior environmental studies, reports, or audits been prepared for the locations listed herein?
 | YES [ ]  NO [ ]  |
| If yes, attach copies and explain why they were done. |
| 1. Please list any current permits used (publicly-owned treatment works (POTW), national pollution discharge elimination systems (NPDES), air, stormwater):
 |
| 1. Has the applicant ever been cited or prosecuted for any environmental related standard or law?
 | YES [ ]  NO [ ]  |
| If yes, please explain.  |
|  If yes, please describe and provide currently valued loss runs if prior coverage existed:  |
| 1. Have you ever had any pollution releases at the desired insured site?
 | YES [ ]  NO [ ]  |
| If yes, please describe.  |
| 1. Have you received any notices of violation, fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law within the past 5 years?
 | YES [ ]  NO [ ]  |
| If yes, please explain.  |

**RAW AND/OR PROCESSED MATERIALS ON-SITE:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTENTS / MATERIAL STORD** | **STORAGE (ASTs, DRUMS, TOES) \*** | **QUANTITY ON-SITE / CAPACITY** | **AGE AND MATERIAL OF CONSTRUCION** | **CONTAINMENT (TYPE/****CAPACITY) RELEASE** **DETECTION / CONTROLS** |
|   |   |   |   |   |
|   |   |   |   |   |
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 |
| If AST’s exist, check ABOVEGROUND STORAGE TANKs COVERAGE ENHANCEMENTS on page 1, and complete STORAGE TANK SECTION (Addendum F) |

|  |  |
| --- | --- |
| 1. Does the applicant require disposal of any hazardous materials as part of its operations?
 | YES [ ]  NO [ ]  |
| If yes, please describe materials, methods of storage, methods of disposal and quantity at any one time and annually (attached additional sheets if necessary):  |
| 1. Identify effluent discharge points for wastewater and stormwater, if any:
 |

**SURROUNDING LAND USE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **DIRECTION** | **ADJACENT LAND USE** | **DISTANCE TO CLOSEST RESIDENTIAL AREA** |
| North |   |   |
| South |   |   |
| East |   |   |
| West |   |   |

 |
| 1. Are there any nearby surface water bodies (i.e. streams, lakes, wetlands) or any protected environments in the area (parks, wildlife reserves, etc.)?
 | YES [ ]  NO [ ]  |
| If yes, please describe and include the distance from the Facility.  |
| 1. Is public water and sewer used on site?
 | YES [ ]  NO [ ]  |
| If no, please describe.  |
| 1. Has the facility developed the following approved plans?
 |
| * Pollution prevention and control (PPC) and/or spill prevention, control and countermeasure (SPCC) plan?
 | YES [ ]  NO [ ]  |
| * Corporate safety and health plan?
 | YES [ ]  NO [ ]  |
| * Fire/spill response plan?
 | YES [ ]  NO [ ]  |
| 1. Do you have any groundwater monitoring activities at the location?
 | YES [ ]  NO [ ]  |
|  If yes, please describe.  |
| 1. Number of groundwater wells:

Type of wells (drinking or monitoring)?  |
| 1. Is the location within a flood plain
 |  YES [ ]  NO [ ]  |

For the purposes of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry , the statements in this application, and in any attachments, are true and complete. The underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy.

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

NOTICE TO **ARKANSAS, MARYLAND, NEW MEXICO, RHODE ISLAND** & **WEST VIRGINIA** APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO **COLORADO** APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory authorities.

NOTICE TO **DISTRICT OF COLUMBIA** APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO **FLORIDA** APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO **KENTUCKY** APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO **LOUISIANA** APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO **MAINE** APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO **NEW** **JERSEY** APPLICANTS: Any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO **OHIO** APPLICANTS: Any person who, with intent to defraud or knowingly that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO **OKLAHOMA** APPLICANTS: WARNING: any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-10, 36 §3613.1).

NOTICE TO **PENNSYLVANIA** APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

NOTICE TO **TENNESSEE, VIRGINIA AND WASHINGTON** APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO **VERMONT** APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO **NEW YORK** APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violations.

NOTICE TO **ALL OTHER STATE** APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| APPLICANT’S NAME |   |
| TITLE |   |
| TELEPHONE NUMBER |   |
| EMAIL ADDRESS |   |

**COVERAGE ENHANCEMENTS**

*COMPLETE IF ADDITIONAL COVERAGES ARE REQUESTED.*

##### Addendum A

**NODS COVERAGE – NON-OWNED WASTE SITE DISPOSAL ACTIVITIES:**

|  |
| --- |
| 1. Does the applicant require disposal of any hazardous material as part of its operations?
 |
| If yes, please describe materials, quantities generated per month and facility at which the material is disposed (if available, please provide a copy of the most recent waste manifest). |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **MATERIAL** | **MONTHLY** **VOLUME** | **DISPOSAL FACILITY (INCL. ADDRESS)** | **OWNED OR** **NON-OWNED** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

 |
| 1. Do any of the applicant’s facilities have an EPA ID number?
 | YES [ ]  NO [ ]  |
| If yes, please provide:  |
| 1. Are any of the applicant’s facilities classified as conditionally exempt RCRA-SQG (CESQG), RECRA-SQG; RCRA-LQG, RCRA TSD?
 | YES [ ]  NO [ ]  |
| If yes, please provide:  |
| 1. Does the applicant have any facilities classified as a RCRA TSD facility?
 | YES [ ]  NO [ ]  |
| If yes, please provide the type of waste accepted:  |
| 1. Has applicant been named as potential responsible party (PRP) in connection with disposal activities?
 | YES [ ]  NO [ ]  |
| If yes, please provide details:  |
|

|  |
| --- |
| **ACRONYM KEY** |
| RCRA-SQG | Resource Conservation and Recovery Act |
| SQG | Small Quantity Generators of Hazardous Waste |
| CESQG | Conditionally exempt small quantity generators |
| LQG | Large Quantity Generators of Hazardous Waste |
| RCRA TSD | Treatment, Storage and Disposal Facility |

 |

##### Addendum B

**TRANSPORTATION (TPL) - (PLEASE INCLUDE ACORD AUTOMOBILE APPLICATION, DRIVERS LIST AND MVRs, IF AVAILABLE).** *IT IS NOT NECESSARY TO COMPLETE IF THE AUTO INFORMATION FOR EXCESS COVERGE APPLICATION WAS COMPLETED.*

|  |  |
| --- | --- |
| 1. Does the applicant have any operations that require the transportation of hazardous materials?
 | YES [ ]  NO [ ]  |
| * 1. **First party**
 |
| If yes, and the applicant transports the materials themselves, please complete the table below. |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VEHICLE TYPE** | **# OF VEHICLES** | **MAX. DISTANCE****DRIVEN** | **MATERIAL(S) HAULED** | **CARRIER TYPE (BULK,** **CONTAINER, TANKER, ETC.)** |
| Private passenger |   |   |  . |   |
| Light truck |   |   |   |   |
| Medium truck |   |   |   |   |
| Heavy/extra heavy truck |   |   |   |   |
| Heavy/extra heavy truck tractors |   |   |   |   |

 |
| * + 1. Total vehicles hauling hazardous materials: Click here to enter text.
 |
| * + 1. Do you have an auto safety & training program and check mvrs regularly?
 | YES [ ]  NO [ ]  |
| * + 1. Do you have a vehicle maintenance program in place?
 | YES [ ]  NO [ ]  |
| * 1. **Third party**
 |
| If yes, and the hazardous materials are transported by a third-party, please complete the table below. |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **WASTE HAULER NAME** | **MATERIAL(S) HAULED** | **CARRIER TYPE (BULK, CONTAINER,****TANKER, ETC.)** | **MAX. DISTANCE****TRAVELED** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

 |
| * + 1. Do you verify that the transporter’s insurance includes both a pollution endorsement and a MCS-90 endorsement?
 | YES [ ]  NO [ ]  |
| * + 1. Has the applicant had any pollution claims from transported cargo in the past five years?
 | YES [ ]  NO [ ]  |
| If yes, explain:  |

##### Addendum C

**CHEMICAL USE, STORAGE, AND TREATMENT**

**PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY**

|  |
| --- |
| **COVERED LOCATION INFORMATION** |
| **NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:** |
| FACILITY EPA ID #:  | STATE ID #:  |
| DESCRIBE CURRENT PERMITS FOR THIS LOCATION:  |

|  |
| --- |
| **DESCRIBE HAZARDOUS MATERIAL/CHEMICAL USE FOR THIS LOCATION:** |
| CHEMICAL NAME | AMOUNT ONSITE | AMOUNT USED IN ONE YEAR | METHOD OF STORAGE (drums, etc.) |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
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|  |
| --- |
| **DESCRIBE HAZARDOUS MATERIAL/CHEMICAL TREATMENT AND DISPOSAL PROCEDURES FOR THIS LOCATION:** |
| WASTE TYPE | QUANITY | TREATMENT/DISPOSAL METHOD |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
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##### Addendum D

**TREATMENT FACILITIES**

**PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY**

|  |
| --- |
| **COVERED LOCATION INFORMATION** |
| **NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:** |
| FACILITY EPA ID #:  | STATE ID #:  |
| IS THE FACILITY PERMITTED? [ ]  YES [ ]  NO **IF YES, BY WHOM?**  |

|  |
| --- |
| **FACILITY BACKGROUND** |
| TYPE OF TREATMENT FACILITY (CHECK BOX) |
| [ ]  PROCESS WATER  | [ ]  WASTEWATER  | [ ]  DRINKING WATER | [ ]  HAZARDOUS WASTE  | [ ]  OTHER:  |
| WHEN WAS THE FACILITY BUILT?  | WHEN WAS THE FACILITY PERMITTED?  |
| MAXIMUM PERMITTED AMOUNT TREATED:  | AVERAGE DAILY AMOUNT TREATED:  |
| PLEASE DESCRIBE TREATMENT METHODS:  |
| IS ANY TREATED MATERIAL OR BY-PRODUCT SOLD OR GIVEN AWAY? [ ]  YES [ ]  NO **IF YES, PLEASE EXPLAIN.**  |
| WHERE IS EFFLUENT DISCHARGED:   |
| HOW IS ACCESS TO THE FACILITY CONTROLLED?  |
| DOES THE FACILITY TREAT ANY RADICACTIVE WASTE? [ ]  YES [ ]  NO **IF YES, PLEASE EXPLAIN.** |

|  |
| --- |
| **EMERGENCY RESPONSE PROCEDURES** |
| DOES THE FACILITY HAVE A WRITTEN EMERGENCY RESPONSE PLAN? [ ]  YES [ ]  NO (**IF YES, PLEASE PROVIDE A COPY WITH THIS APPLICATION)** |
| ARE EMPLOYEES TRAINED ON EMERGENCY RESPONSE PROCEDURES? [ ]  YES [ ]  NO HOW OFTEN?  |

##### Addendum E

**RECYCLING FACILITIES, TRANSFER STATIONS, OR LANDFILLS**

**PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.**

|  |
| --- |
| **COVERED LOCATION INFORMATION** |
| **NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:** |
| FACILITY EPA ID #:  | STATE ID #:  |
| IS THE FACILITY PERMITTED? [ ]  YES [ ]  NO **IF YES, BY WHOM:**  |

|  |
| --- |
| **FACILITY BACKGROUND** |
| TYPE OF TREATMENT FACILITY (CHECK BOX) |
| [ ]  MUNICIPAL LANDFILL  | [ ]  CONSTRUCTION & DEBRIS LANDFILL | [ ]  HAZARDOUS WASTE LANDFILL |
| [ ]  TRANSFER STATION  | [ ]  RECYCLING FACILITY | OTHER:  |
|  |
| WHEN WAS THE FACILITY BUILT?  | WHEN WAS THE FACILITY PERMITTED?  |
| MAXIMUM PERMITTED DAILY TONNAGE AMOUNT ACCEPTED:  | AVERAGE DAILY TONNAGE AMOUNT ACCEPTED:  |
| TOTAL ACRES:  | DISPOSAL ACRES:  | BUFFER ACRES:  | BUFFER USE:  |
| PLEASE DESCRIBE MATERIALS ACCEPTED BY THIS FACILITY:  |
| HOW IS ACCESS TO THE FACILITY CONTROLLED?  |
| DOES THE FACILITY CURRENT MONITOR THE GROUNDWATER? [ ]  YES [ ]  NO **IF YES, PLEASE PROVIDE MOST RECENT GROUNDWATER MONITORING REPORTS WITH THIS APPLICATION.**  |

|  |
| --- |
| **CELL INFORMATION** |
|  | **ID No.**   | **ID No.**   | **ID No.**   | **ID No.**   |
| ACTIVE OR CLOSED |   |   |   |   |
| DATE FIRST USED |   |   |   |   |
| ESTIMATED CLOSURE DATE |   |   |   |   |
| LINER TYPE |   |   |   |   |
| LINER THICKNESS |   |   |   |   |
| LEACHATE COLLECTION SYSTEM |   |   |   |   |
| METHANE COLLECTION SYSTEM |   |   |   |   |
| GROUNDWATER MONITORING SYSTEM |   |   |   |   |

##### Addendum F

**ABOVE GROUND STORAGE TANKS (AST)**

**PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.**

|  |
| --- |
| **COVERED LOCATION INFORMATION** |
| **NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:** |
| **FACILITY EPA ID #:**  |
| **NUMBER OF ABOVEGROUND STORAGE TANKS:**   |

|  |
| --- |
| **AST STORAGE TANK SCHEDULE** |
|  | **ID No.**   | **ID No.**   | **ID No.**   | **ID No.**   | **ID No.**   |
| AST |   |   |   |   |   |
| AGE |   |   |   |   |   |
| CAPACITY (gallons) |   |   |   |   |   |
| PRODUCT CODE |   |   |   |   |   |
| Secondary Containment CODE |   |   |   |   |   |
| **ASSOCIATED PIPING** |  |  |  |  |  |
| LENGTH OF PIPING (feet) |   |   |   |   |   |
| AGE |   |   |   |   |   |
| % OF PIPING UNDERGROUND |   |   |   |   |   |
| DISPENSER CODE |   |   |   |   |   |
| OIL/WATER SEPARATOR IN USE? |   |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRODUCT CODE** | **LEAK DETECTION CODE** | **SECONDARY CONTAINMENT CODE** | **DISPENSING CODE** |
| D – Diesel | E – Electronic Monitoring | PC- Poured Concrete | S – Suction |
| G – Gasoline | DS – Dip Stick | CB – Concrete Block | P – Pressure |
| A – Aviation | MW – Monitoring Well | E – Earth |  |
| U – Used Oil | PT – Pressure Test | L – Lined  |  |
| O – Organic Chemicals | SI – Statistical Inventory | N – None |  |
| I – Inorganic Chemicals | N - None | UNK - Unknown |  |
|  | UNK - Unknown |  |  |