



## 2. Facility Physical Location and Process Description

<b>A. Nearest Town (in same parish as the facility)</b>	<b>B. Parish(es)</b>	
<b>C. Geographic Location: Section _____ Township _____ Range _____</b>		
<b>D. GPS coordinates</b>		
<b>Location</b>	<b>Latitude</b>	<b>Longitude</b>
<i>Centerpoint of the site</i>	_____ decimal degrees	_____ decimal degrees
<i>Centerpoint of unit</i>	_____ decimal degrees	_____ decimal degrees
<i>Centerpoint of unit</i>	_____ decimal degrees	_____ decimal degrees
<i>Centerpoint of unit</i>	_____ decimal degrees	_____ decimal degrees
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<i>Centerpoint of unit</i>	_____ decimal degrees	_____ decimal degrees
<i>Centerpoint of unit</i>	_____ decimal degrees	_____ decimal degrees
<i>Centerpoint of unit</i>	_____ decimal degrees	_____ decimal degrees
<i>Front gate of the site</i>	_____ decimal degrees	_____ decimal degrees
<b>E. Physical Location (identify by street number, by intersection of roads, or by mileage and direction from an intersection.)</b>		
<b>F. Provide a brief description of the site operations.</b>		
<b>G. Provide a description of the modifications/changes proposed in this application.</b>		

## 3. Local Zoning

<b>A. Facility Zoning Classification of the Facility at Time of Application Submittal</b>	<b>B. Local Zoning Authority</b>	
<b>C. Local Zoning Authority Contact</b>	<b>Address (Including Suite, Mail Drop, or Division)</b>	
City	Zip	Business Phone
<b>D. Attach zoning in Attachment 3</b> <input type="checkbox"/> Zoning affidavit <input type="checkbox"/> Zoning confirmation (if required by LAC 33:VII.513.B.2) <input type="checkbox"/> Other		

## 4. Confidentiality

Is confidentiality being requested for any information contained in the application?  Yes  No

- If “yes,” list the sections for which confidentiality is requested below. Confidentiality requests require a submittal that is separate from this application. Information for which confidentiality is requested should not be submitted with this application. Consult Guidance document for instructions.

## 5. Fee Information

Has the required fee been paid in accordance with LAC 33:VII.1501?  Yes  No

## 6. LAC 33:I.1701 Requirements

**A. Does the applicant have federal or state environmental permits (*other* than the ones listed in Section 1) identical to, or of a similar nature to, the permit for which this application is being submitted? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)**  
 Yes  No

- If “yes,” list permits in Louisiana:
- list states in which permits are held:

**B. Does the applicant owe any outstanding fees or final penalties to the LDEQ?**  Yes  No

- If “yes”, provide an explanation.

C. Is the applicant a corporation or limited liability company?  Yes  No

- If "yes," attach a copy of the Certificate of Registration and/or Certificate of Good Standing from the Secretary of State. Attach the appropriate certificate(s) in **Attachment 4**.

## 7. Certification and Signatures

**CERTIFICATION OF RESPONSIBLE OFFICIAL:** "I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge, information, and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment."

<i>Name</i>		<i>Title</i>	
<i>Company</i>		<i>Suite, mail drop, or division</i>	<i>Street or P.O. Box</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Business Phone</i>
<i>Signature of responsible official (as defined in LAC 33:VII.115):</i>			<i>Date:</i>

**CERTIFICATION OF APPLICATION PREPARER:** "I certify under penalty of law that I have personally examined and I am familiar with the information submitted in this permit application and that the facility as described in this permit application meets the requirements of LAC 33:VII.Subpart 1. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment."

<i>Name</i>		<i>Title</i>	
<i>Company</i>		<i>Suite, mail drop, or division</i>	
<i>Street or P.O. Box</i>		<i>City</i>	<i>State</i>
<i>Zip</i>	<i>Business phone</i>	<i>Cell Phone (Optional)</i>	<i>Email (optional)</i>
<i>Signature of preparer:</i>			<i>Date:</i>

**CERTIFICATION OF ENGINEER:** "I certify that the facility plans, specifications, and operations represented and described in the permit application were prepared under my supervision and are true and accurate to the best of my knowledge, information, and belief in accordance with LAC 33:VII.715.B.1."

<i>Name</i>		<i>Title</i>	
<i>Company</i>		<i>Suite, mail drop, or division</i>	<i>Street or P.O. Box</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Business Phone</i>
<i>Signature of engineer:</i>		<i>Date:</i>	<i>Louisiana Registration Number and Seal:</i>

**8. Facility Contact Information/Personnel**

Select the primary contact by checking the box after the person whom will be the primary contact for questions regarding this application. Only one primary contact should be selected.

**a. Manager of Facility who is located at site**

Name		<input type="checkbox"/> Primary Contact
Title	Company	
Suite, Mail Drop, or Division	Street or P.O. Box	
City	State	Zip
Business Phone	Cell Phone (Optional)	E-mail (Optional)

**b. On-site contact regarding waste permit**

Name		<input type="checkbox"/> Primary Contact
Title	Company	
Suite, Mail Drop, or Division	Street or P.O. Box	
City	State	Zip
Business Phone	Cell Phone (Optional)	E-mail (Optional)

**c. Person to whom written correspondence should be directed**

Name		<input type="checkbox"/> Primary Contact
Title	Company	
Suite, Mail Drop, or Division	Street or P.O. Box	
City	State	Zip
Business Phone	Cell Phone (Optional)	E-mail (Optional)

**d. Person to contact regarding Annual Maintenance Fees**       a    b    c    other (specify below)

Name		<input type="checkbox"/> Primary Contact
Title	Company	
Suite, Mail Drop, or Division	Street or P.O. Box	
City	State	Zip
Business Phone	Cell Phone (Optional)	E-mail (Optional)

## 9. Waste Description and Service Areas

<p><b>A. Maximum quantities of waste disposed:</b></p> <p><i>If 'Other' is filled out, provide a brief description of the waste here:</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Waste Type</th> <th colspan="2">Wet tons/week</th> <th colspan="2">Wet tons/year</th> </tr> <tr> <th>On-Site</th> <th>Off-Site</th> <th>On-Site</th> <th>Off-Site</th> </tr> </thead> <tbody> <tr> <td>Residential</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Industrial</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Commercial</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C&amp;D</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Woodwaste</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Waste Type	Wet tons/week		Wet tons/year		On-Site	Off-Site	On-Site	Off-Site	Residential					Industrial					Commercial					C&D					Woodwaste					Other					
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Areas serviced by the facility:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Only waste generated by the facility  <input type="checkbox"/> All parishes  <input type="checkbox"/> Out-of-state   <input type="checkbox"/> Acadia  <input type="checkbox"/> Allen  <input type="checkbox"/> Ascension  <input type="checkbox"/> Assumption  <input type="checkbox"/> Avoyelles  <input type="checkbox"/> Beauregard  <input type="checkbox"/> Bienville  <input type="checkbox"/> Bossier  <input type="checkbox"/> Caddo  <input type="checkbox"/> Calcasieu  <input type="checkbox"/> Caldwell  <input type="checkbox"/> Cameron  <input type="checkbox"/> Catahoula </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Claiborne  <input type="checkbox"/> Concordia  <input type="checkbox"/> De Soto  <input type="checkbox"/> East Baton Rouge  <input type="checkbox"/> East Carroll  <input type="checkbox"/> East Feliciana  <input type="checkbox"/> Evangeline  <input type="checkbox"/> Franklin  <input type="checkbox"/> Grant  <input type="checkbox"/> Iberia  <input type="checkbox"/> Iberville  <input type="checkbox"/> Jackson  <input type="checkbox"/> Jefferson Davis  <input type="checkbox"/> Jefferson  <input type="checkbox"/> La Salle  <input type="checkbox"/> Lafayette  <input type="checkbox"/> Lafourche  <input type="checkbox"/> Lincoln </td> <td style="width: 33%; 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<p><b>D. Provide the <i>maximum</i> days of operation per week and hours per facility operating day (maximum hours of operation within a 24-hour period).</b> _____ days/week _____ hrs/day</p> <p><i>Provide the <b>normal</b> days of operation per week and hours per facility operating day (within a 24-hour period).</i>  _____ days/week _____ hrs/day</p> <p><i>List the hours of operation during <b>normal</b> operating hours:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Monday _____ am to _____ pm</td> <td style="width: 25%;">Tuesday _____ am to _____ pm</td> <td style="width: 25%;">Wednesday _____ am to _____ pm</td> <td style="width: 25%;">Sunday _____ am to _____ pm</td> </tr> <tr> <td>Thursday _____ am to _____ pm</td> <td>Friday _____ am to _____ pm</td> <td>Saturday _____ am to _____ pm</td> <td></td> </tr> </table>			Monday _____ am to _____ pm	Tuesday _____ am to _____ pm	Wednesday _____ am to _____ pm	Sunday _____ am to _____ pm	Thursday _____ am to _____ pm	Friday _____ am to _____ pm	Saturday _____ am to _____ pm																																
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## 10. Enforcement Actions

Does the facility presently have any current requirements, conditions, or limitations that have been imposed upon the facility pursuant to any enforcement actions, settlement agreements, and consent decrees?  Yes  No

- If "yes," attach a list of all such enforcement actions, settlement agreements, and consent decrees from the federal government or LDEQ issued to the facility and/or entered into between the federal government and/or LDEQ. For each action, list the type of action, its tracking number, and the date that the action was issued. Summarize the conditions imposed by the enforcement action, settlement agreement, and/or consent decree in **Attachment 5**. It is not necessary to submit a copy of the referenced action.
- If "no," has the facility been issued any enforcement actions and/or entered into any settlement agreements, and/or consent decrees within the last three (3) years?  Yes  No
  - If "yes," attach a summary as described above in **Attachment 5**.

## 11. Location Area Information

<b>Airports</b>
<b>A. List the distance from the facility to the nearest airport.</b>

<p><b>B. Does the facility dispose of putrescible waste?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• If “yes,” is the facility within: <ul style="list-style-type: none"> <li>➢ 10,000 ft of the end of the runway for any public-use airport used by turbojet aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>➢ 5,000 ft of the end of the runway for any public-use airport used by only piston-type aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> </ul>
<p><b>C. For Type II facilities only, is the facility located within a 5-mile radius of any airport runway?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>D. If “yes” to 11.B or 11.C, attach copies of the notifications to the affected airport(s) and the Federal Aviation Administration (FAA) in <b>Attachment 6</b>.</b></p>
<p><b>Master Plan</b></p>
<p><b>E. Attach in <b>Attachment 7</b> an area master plan, which shall show the current facility, the road network, major drainage systems, drainage flow patterns, location of closest population centers, nearest public use airport (if disposing of putrescible waste) within a 5-mile radius, the location of the 100-year flood plain, and other pertinent information.</b></p>
<p><b>F. Describe access to the facility.</b></p>
<p><b>Traffic and Land Use</b></p>
<p><b>G. For facilities receiving waste from offsite, attach in <b>Attachment 8</b> a copy of a letter from the appropriate agency or agencies stating that the facility will not have a significant negative impact on the traffic flow of area roadways and that the construction, maintenance, or proposed upgrading of such roads is adequate to withstand the weight of the vehicles.</b></p>
<p><b>H. Describe the existing land use within a three-mile radius of the facility.</b></p>
<p><b>I. Attach a <u>current</u> aerial photograph representative of current land use within a one-mile radius surrounding the facility in <b>Attachment 9</b>.</b></p>
<p><b>Population</b></p>
<p><b>J. Describe the estimated population and the population density within a three-mile radius of the facility. (Provide the source of this information.)</b></p>
<p><b>Environmental Characteristics</b></p>
<p><b>K. Is the facility perimeter located within 1,000 feet of any of the following critical/sensitive environmental sites: wetlands, estuaries, wildlife-hatchery areas, habitats of endangered species, archaeological sites, historic sites, publicly-owned recreation areas, and similar critical environmental areas?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• If “yes,” describe the measures the applicant will implement to prevent any impacts to areas from landfill operations and list all known areas within 1,000 feet in <b>Attachment 10</b>.</li> </ul>
<p><b>L. Attach documentation from the appropriate state and federal agencies substantiating the above areas in <b>Attachment 11</b>.</b></p>
<p><b>M. Has the facility received waste prior to <b>October 9, 1993</b>?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>N. If wetlands are present on site, does the applicant have a 404 permit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (<b>NOTE: The wetland determination letter should be attached in <b>Attachment 11</b>.</b>)</p> <ul style="list-style-type: none"> <li>• If “yes,” attach a copy of the 404 permit in <b>Attachment 12</b>.</li> <li>• If “no,” has the facility applied for a 404 permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• If “yes,” attach a copy of the 404 application in <b>Attachment 12</b>.</li> </ul> </li> </ul>
<p><b>Wells and Faults</b></p>
<p><b>O. Attach in <b>Attachment 13</b> a scaled map showing the location of all known or recorded shot holes, seismic lines, and wells within the facility and within 2,000 feet of the facility perimeter.</b></p>
<p><b>P. Attach a scaled map showing the location of all water wells within one mile of the facility perimeter in <b>Attachment 14</b>.</b></p>
<p><b>Q. Are there any known or recorded shot holes, seismic lines, and/or wells located within the facility? (Provide the source of this information.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• If “yes,” provide a plan to prevent adverse effects on the environment from the shot holes, seismic lines, and/or wells located within the facility.</li> </ul>
<p><b>R. Attach a scaled map showing the location of all recorded faults within the facility and within one mile of the facility perimeter in <b>Attachment 15</b>.</b></p>

<p><b>S.</b> Are there any existing faults extending through the facility? (Provide the source of this information.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>If “yes,” attach in <b>Attachment 16</b> geophysical mapping or stratigraphic correlation of boring logs verifying their presence and provide a discussion of measures that will be taken to mitigate adverse effects on the facility and the environment.</li> </ul>
<p><b>T.</b> For units that have not received waste prior to <b>October 9, 1993</b>, are there any existing faults within 200 feet of the facility that have had displacement in Holocene time? (Provide the source of this information.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>If “yes,” attach a demonstration that an alternate setback distance of 200 feet will prevent damage to the structural integrity of the unit and will be protective of human health and the environment in <b>Attachment 17</b>.</li> </ul>
<p><b>Seismic Impact</b></p>
<p><b>U.</b> Is the facility located within a seismic impact zone? (Provide the source of this information.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>If “yes,” attach in <b>Attachment 18</b> a demonstration that the facility will be designed and operated so that it can withstand the stresses caused by the maximum ground motion on all structural components, including liners, leak-detection systems, leachate collection, treatment, and removal systems; final covers; and run-on/run-off systems.</li> </ul>
<p><b>Unstable Areas</b></p>
<p><b>V.</b> Is the facility located in an unstable area? (Provide the source of this information.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>If “yes,” attach in <b>Attachment 19</b> a demonstration that the facility will be designed to ensure the integrity of all structural components, including liners, leak-detection systems, leachate collection, treatment, and removal systems; final covers; run-on/run-off systems.</li> </ul>
<p><b>Utilities</b></p>
<p><b>W.</b> Attach a scaled map showing the location of all pipelines, power lines, and rights-of-way within the site in <b>Attachment 7</b>.</p>
<p><b>Emergency Response</b> (NOT required for modifications)</p>
<p><b>X.</b> Attach a copy of the facility’s emergency response plan AND approval of the plan from the State Fire Marshal in <b>Attachment 20</b>.</p>

## 12. Facility Characteristics

<p><b>A.</b> Attach in <b>Attachment 7</b> drawing(s) including, as applicable, property lines, original contours (shown at not greater than five foot intervals), buildings, units of the facility, drainage, ditches, and roads.</p>
<p><b>B.</b> Provide a description of the perimeter barriers and other control measures used to prevent unauthorized ingress or egress except by willful entry. At a minimum, each facility entry point shall be continuously manned, monitored, or locked during operating hours; each facility entry point shall be locked during non-operating hours; and facilities that receive waste from off-site sources shall post readable signs that list the types of waste that can be received at the facility.</p>
<p><b>C.</b> Attach in <b>Attachment 7</b> a figure demonstrating that there is an adequate buffer zone at the site. At a minimum, the buffer zone should be 200 feet between the facility and the property line.</p>
<p><b>D.</b> Did the units of the facility exist prior to <b>April 1, 2010</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>If “no” and the adjacent property contains a structure currently being used as a church prior to the submittal of a permit application, then no less than 300 feet shall be provided between the facility and the common property line. This requirement shall not apply to any landfarm or disposal facility existing prior to <b>April 1, 2010</b>; to any portion of such facility that has been closed or that has ceased operations; or to future expansions of the permitted disposal area of any such facility.</li> </ul>
<p><b>E.</b> If a reduction in the buffer zone requirements is requested, attach in <b>Attachment 21</b> copies of notarized affidavits from all landowners having an ownership interest in property located less than 200 feet from the facility (or 300 feet for a church). Additionally, attach copies of approved buffer waivers in <b>Attachment 21</b>.</p>
<p><b>F.</b> Provide a description of the device or method used to determine wet weight tonnage, sources (in-state or out-of-state and, if industrial waste, where it was generated), and types of incoming waste (commercial, residential, infectious, etc.). This description shall also include the facility’s central control and record keeping system for tabulating this information.</p>

**G.** Provide a description of the device or method used to control entry of the waste and to prevent entry of unauthorized deliverables (examples, hazardous waste, TSCA-regulated PCB waste, or unauthorized solid waste). This description shall also include the facility's central control and record keeping system for tabulating this information.

### 13. Surface Hydrology

**A.** Provide a description of the method(s) to be used to prevent surface drainage through the operating areas of the facility.

**B.** Attach a description of the facility runoff collection system in **Attachment 22**. At a minimum, provide the design for runoff and containment areas, surface-runoff-diversion levees, canals, or devices to prevent drainage from the units of the facility. The proposed system shall be designed to collect and control at least the water volume resulting from a 24-hour/25-year storm event and/or the peak discharge from a 25-year storm event.

**C.** Describe how runoff from operating areas or areas that contain solid waste are managed such that this contaminated runoff is not allowed to mix with non-contaminated surface runoff.

**D.** Describe the facility run-on control system. At a minimum, a run-on control system shall be installed to prevent run-on during the peak discharge from a 25-year storm event and/or to collect and control at least the water volume resulting from a 24-hour/25-year storm event.

**E.** Provide the rainfall amount from a 24-hour/25-year storm event. (Provide the source of this information.)

**F.** Are there any aquifer recharge areas in the site or within 1,000 feet of the site perimeter? (Provide the source of this information.)  Yes  No

- If "yes," attach a map of aquifer recharge areas and describe the measures planned to protect those areas from the adverse impact of operations at the facility in **Attachment 23**. (Provide the source of this information.)

**G.** Is the facility located in a 100-year flood plain?  Yes  No (Provide the source of this information.) Attach a map of the 100-year flood plain with the facility location clearly identified on the map in **Attachment 24**.

**H.** Describe how the facility plans to prevent restriction or reduction of the flow of the 100-year base flood or reduction of the temporary water-storage capacity of the flood plain. At a minimum the site shall be filled to bring site elevation above flood levels, or perimeter levees or other measures must be provided to maintain adequate protection against a 100-year flood.

**I.** Describe how the facility is designed to ensure that the flooding does not affect the integrity of the facility or result in the washout of solid waste.

### 14. Facility Plans and Specifications

#### General

**A.** What is the width at widest point? \_\_\_\_\_ ft and Length at longest point? \_\_\_\_\_ ft

**B.** Attach in **Attachment 25** plan-view drawings showing original contours, proposed elevations of the base of units prior to installation of the liner system, proposed final contours, slopes, levees, and other pertinent features. Include detailed drawings as necessary.

**C.** Attach in **Attachment 26** representative cross-sectional drawings showing original and final grades, elevations, drainage, and other pertinent information. Include detailed drawings as necessary.

#### Levee Construction

**D.** Attach in **Attachment 30** a description of the levee system, which shall include the type, source, and volume of material required for levee construction. In order to protect the facility against a 100-year flood, the levee shall be engineered to minimize wind and water erosion, have a grass cover or other protective cover to preserve structural integrity, and provide adequate freeboard protection against a 100-year flood.

### 15. Facility Administrative Procedures

**A.** Describe the recordkeeping system, including the types of records to be kept and the use of records by management to control operations as required. This description will include the annual report. (Refer to Guidance document for details.)



**B.** Provide an estimate of the minimum personnel, listed by general job classification, required to operate the facility.

**C.** For Type II facilities only, provide the number and levels of certified facility operators determined and certified by the Louisiana Solid Waste Operator Certification and Training Program Board (R.S. 37:3151 et seq. and LAC 46:Part XXIII).

## 16. Facility Operations and Implementation

**A.** Attach a comprehensive operational plan describing the total operation in **Attachment 35**. The operational plan shall include types of waste and minimum equipment, waste-handling procedures, inclement weather procedures, contingency procedures, provisions for controlling vectors, scavenging control, air monitoring procedures, traffic control, support facilities, day-to-day activities, quality-assurance/quality-control plan, and inspections of incoming waste.

**B.** Attach in **Attachment 20** a plan outlining procedures, equipment, and contingency plans for protecting employees and the general public from accidents, fires, explosions, etc., and provisions for emergency response and care, should an accident occur.

**C.** Attach an implementation plan in **Attachment 40**. The implementation plan shall include construction schedules for existing facilities including the beginning and ending time frames and time frames for the installation of all major features; details on phase implementation for any proposed facility to be constructed in phases; and a plan for closing and upgrading existing operating areas if proposing expansion of a facility or construction of a replacement facility. All time frames shall be specified in days, with day 1 as the date of standard permit issuance.

## 17. Facility Closure

Attach a closure plan in **Attachment 41**. The closure plan shall include the date of final closure, the method to be used and steps necessary for closing the facility, an itemized cost to close the facility by a third party, a schedule for completing all activities necessary for closure, a sequence of final closure of each unit of the facility, and a copy of the document that will be filed upon closure of the facility with the official parish record keeper.

## 18. Facility Post-Closure

Attach a post-closure plan in **Attachment 42**. The post-closure plan shall include a discussion of the long-term use of the facility after closure; an itemized cost of conducting post-closure at the facility by third party; the method for conducting post-closure activities; the method for abandonment of monitoring systems, gas collection systems, etc.; the measures planned to ensure public safety; and a description of the planned uses of the facility during post-closure.

## 19. Financial Responsibility

**A.** Provide the name and address of the person or company who currently owns the land.

Name		Company	
Suite, Mail Drop, or Division		Street or P.O. Box	
City	State	Zip	Business Phone

**B.** Provide the name and address of the person or company who will own the land if the standard permit is granted.

Name		Company	
Suite, Mail Drop, or Division		Street or P.O. Box	
City	State	Zip	Business Phone

**C.** Provide the name of the agency or other public body that is requesting the standard permit, or if the agency is a public corporation, its published annual report (attach in **Attachment 43**), or if otherwise, the names of the principal owners, stockholders, general partners, and/or officers. If this information is available online, referencing a weblink is acceptable.

**D.** Is this an existing facility?  Yes  No

- If “yes,” list the current financial mechanism for this facility.
- If “no,” provide a statement of acknowledgement that financial assurance will be obtained in accordance with LAC 33:VII.1303.A.2. prior to accepting waste at the facility.

## 20. Geology

**A.** Does the facility have natural soils of low permeability for the area occupied by the solid waste units, including vehicle parking and turnaround areas? (These soils shall provide a barrier to prevent any penetration of surface spills into groundwater aquifers underlying the area or to an underlying sand or other permeable stratum that would provide a conduit to such aquifers.)  Yes  No

- If “yes,” attach a demonstration in **Attachment 44**.
- If “no,” attach a design for surfacing natural soils that do not meet this requirement in **Attachment 44**.

**B.** Attach boring logs for each borehole, monitoring well, and piezometer in **Attachment 45**. Boring requirements shall follow the LDEQ’s and Louisiana Department of Transportation and Development (LDOTD)’s Construction of Geotechnical Boreholes and Groundwater Monitoring Systems Handbook and LDOTD’s Water Well Rules, Regulations, and Standards in LAC 56. Boring logs shall include the ground surface elevation with respect to NGVD, lithology and the intervals that were cored continuously, and the depth of first encountered groundwater.

**NOTE:** The facilities shall comply with the following boring requirements: geotechnical borehole spacing shall be no greater than 450 feet, the elevation (NGVD) of the lowest point of excavation shall be provided; boring depth shall extend to at least 30 feet below the lowest point of excavation with continuous sampling and at least 10% of the borings (minimum of three) shall extend to 100 feet below grade to characterize the shallow geology.

**C.** Attach a plan-view map in **Attachment 46**, which shall include existing topographic contours and locations of all borings, monitoring wells, and piezometers with respect to the facility.

**D.** Attach in **Attachment 47** regional geologic cross sections from available published information that depicts the stratigraphy to a depth of at least 200 feet below the ground surface. The areal extent, thickness, and depth to the upper surface, and any interconnection of aquifers, from all available information shall be provided for all recognized aquifers that have their upper surface within 200 feet of the ground surface. Provide directions and rates of groundwater flow for all recognized aquifers that have their upper surface within 200 feet of the ground surface.

**E.** Attach geologic cross sections along the perimeter of the facility and along each transect (line of borings) in **Attachment 48**. Each cross section shall include lithologic and boring log data for all borings; existing and plugged and abandoned monitoring wells, and piezometers; locations and depths of borings, monitoring wells, and piezometers; excavation depths; screen intervals of all existing and plugged and abandoned monitoring wells and piezometers; groundwater levels; other applicable features such as faults, slurry walls, groundwater dewatering systems; and identification of individual stratigraphic units including the uppermost aquifer, uppermost water-bearing permeable zone(s), and lower confining units.

**F.** Attach in **Attachment 49** structure maps and contour maps depicting the areal extent, depths, and thickness of all permeable zones, confining units, and faults to a depth of at least 30 feet below the lowest point of excavation.

**G.** Attach in **Attachment 50** potentiometric maps depicting groundwater flow directions using a minimum of three piezometers or monitoring wells in each water-bearing zone, including zones that comprise the uppermost aquifer and uppermost water-bearing permeable zone(s). Piezometers and monitoring wells shall be constructed, and well-completion diagrams submitted, in accordance with the applicable well construction standards in LAC 33:VII.805.A.3.

**H.** Attach at least four scaled quarterly potentiometric surface maps for each saturated permeable zone to a depth of at least 30 feet below the lowest point of excavation in **Attachment 50**. Include the location of the facility, monitoring well and piezometer locations, and corresponding water level elevation measurements.

## 21. Groundwater Monitoring

**A.** Provide a description and designation of each zone that will be monitored.

**B.** Attach in **Attachment 51** a map for each groundwater monitoring zone that depicts the locations of all monitoring wells, including proposed monitoring wells, and each zone’s relevant point of compliance. Designate each monitoring well as either background/upgradient or downgradient. An adequate number of monitoring wells shall be located hydraulically upgradient of the facility to yield samples that represent background groundwater quality. Additionally, an adequate number of monitoring wells shall be located hydraulically downgradient from the facility to yield samples that are representative of the groundwater passing the relevant point of compliance. The downgradient wells shall be screened in the same zone as the upgradient wells. Spacing between downgradient wells shall not exceed 800 feet.

<p><b>C.</b> Attach the table provided in the guidance that lists pertinent well construction details for each monitoring well in <b>Attachment 52</b>. Include the coordinates, designation of each well as either upgradient or downgradient, the unit(s) being monitored, elevation (NGVD) of a reference point for measuring water levels, elevation of the ground surface (NGVD), drilled depth (in feet), depth to which the well is cased (in feet), the depth to the top and bottom of the bentonite seal (in feet), the depth to the top and bottom of the screen (in feet), the slot size, the casing size, and the type of grout, and as-built diagrams (cross sections) of each well providing the aforementioned well construction details.</p>
<p><b>D.</b> Is the facility new? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• If “yes,” attach a plan to install monitoring wells in <b>Attachment 53</b>. Monitoring wells shall be sampled quarterly for one year, and groundwater data shall be submitted after each quarterly sampling event and prior to waste acceptance.</li> <li>• If “no,” does the facility have an existing groundwater monitoring system? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• If “yes,” attach all background data and at least four years of detection monitoring data from monitoring wells in place at the time of the permit application in <b>Attachment 54</b>.</li> <li>• If “no,” attach a plan to install monitoring wells in <b>Attachment 53</b>. Monitoring wells shall be sampled quarterly for one year, and groundwater data shall be submitted within 90 days after each quarterly sampling event.</li> </ul> </li> </ul>
<p><b>E.</b> What phase of groundwater monitoring is the facility currently implementing?</p> <p><input type="checkbox"/> Detection Monitoring  <input type="checkbox"/> Assessment Monitoring  <input type="checkbox"/> Corrective Action</p> <p>Attach in <b>Attachment 55</b> any plan associated with the above phases.</p>
<p><b>F.</b> Attach a Groundwater Sampling and Analysis Plan (SAP) in <b>Attachment 55</b>. The SAP shall include a description of the permeable zones being monitored; the locations of monitoring wells and piezometers; potentiometric maps showing gradient positions of the monitoring wells and piezometers; selection and justification of parameters to be sampled; sample collection, preservation, and shipment procedures; chain of custody control; analytical methods including practical quantitation limits; quality assurance/quality control methods; statistical evaluation methods (if applicable); reporting requirements; and any other pertinent information.</p> <p><b>NOTE:</b> Please be advised that if the facility is in assessment monitoring or corrective action, statistical evaluation methods should not be provided.</p>

**22. Additional Information**

<p>Attach any additional information needed to support the application. These should be included as additional attachments. Fill in the blanks on the last page of the checklist as needed.</p>
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**23. Environmental Assessment Statement (EAS or IT Question Responses)**

<p>Attach a discussion of the following questions in <b>Attachment 57</b>. Consult the Guidance document for details of what each statement discussion should include.</p> <p><b>NOTE:</b> Applications for <b>renewal</b> of an existing permit are <b>not</b> required to submit answers to these questions, unless said renewal or extension encompasses changes that would constitute a major modification.</p> <p>Applications for a <b>minor modification</b> of an existing permit are <b>not</b> required to submit answers to these questions.</p>
<p><b>A.</b> Demonstrate that the potential and real adverse environmental effects of the facility have been avoided to the maximum extent possible.</p>
<p><b>B.</b> Provide a cost-benefit analysis demonstrating that the social and economic benefits of the facility outweigh the environmental-impact costs.</p>
<p><b>C.</b> Discuss and describe possible alternative projects that would offer more protection to the environment without unduly curtailing nonenvironmental benefits.</p>
<p><b>D.</b> Discuss possible alternative sites that would offer more protection to the environment without unduly curtailing nonenvironmental benefits.</p>
<p><b>E.</b> Discuss and describe the mitigating measures which would offer more protection to the environment than the facility, as proposed, without unduly curtailing nonenvironmental benefits.</p>

**SOLID WASTE PERMIT APPLICATION ATTACHMENT LIST AND CHECKLIST**

Instructions: Complete this checklist and submit it with the completed solid waste permit application. Each line should have a “yes,” “no,” or “N/A” checked. If one of the attachments is marked as “N/A,” subsequent attachments should still be labeled with the corresponding attachment letter listed in the first columns. If additional attachments are needed, fill in the title(s) on the last page or the additional page provided in the guidance. **Not all attachments will be used for this application.**

<b>Attachment</b>	<b>Item Description</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1	Proof of publication of notice to submit a solid waste permit application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Copy of lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Zoning documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Certificate of Registration and/or Certificate of Good Standing from the Secretary of State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Summary of enforcement actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Airport or FAA notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Master plan to include: scaled map of location of pipelines, power lines, and right-of-ways; figure(s) showing property lines, original contours, buildings, units of the facility, drainage, ditches, and roads; <b>and</b> figure of buffer zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Traffic flow letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Aerial photograph of land use within one-mile radius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Description of measures used to isolate landfill operations from all environmentally sensitive sites within 1,000 feet <b>and</b> a list of all known areas within 1,000 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Letters from state and federal agencies regarding environmentally sensitive sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Copy of US Army Corps of Engineers 404 permit or copy of (and proof of submittal) US Army Corps of Engineers 404 permit application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Scaled map showing location of shot holes, seismic lines, and wells within 2,000 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Scaled map of all water wells within one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Scaled map of all recorded faults within one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Geophysical mapping or stratigraphic correlation of boring logs <b>and</b> discussion of measures to be taken to mitigate adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Demonstration of alternate setback distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Demonstration of ability to withstand stresses caused by maximum ground motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Demonstration of integrity of structural components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Copy of Emergency Response Plan <b>and</b> State Fire Marshal’s approval of plan <b>and/or</b> Contingency plan (if different than Emergency Response Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Copies of notarized affidavits from landowners less than 200 (or 300) feet from the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Description of facility runoff collection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Map of aquifer recharges areas <b>and</b> description of the measures planned to protect them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Map of 100-year floodplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Plan-view drawings showing original contours, proposed elevations, proposed final contours, slopes, levees, and other pertinent features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Cross-sectional drawings showing original contours, elevations, drainage, location and type of liner, leachate collections system, and other pertinent features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Description of liner system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ATTACHMENT LIST AND CHECKLIST**

Attachment	Item Description	Yes	No	N/A
28	Quality assurance/quality control plan for liners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Description of leachate collection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Description of levee system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Description of daily fill and cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Description of interim and interim compacted cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Calculations for volume of material for daily, interim, and final cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Slope stability analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Comprehensive operation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Description of method to handle process waters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Plan for disposal and testing of ash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Description of testing and uses for fuel or compost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Description of marketing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Implementation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Closure plan <b>and</b> drawing of final contours (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Post-closure plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Annual report for public corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Demonstration of natural soil permeability <b>or</b> Design for surfacing natural soils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Boring logs for boreholes, monitoring wells, and piezometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Plan-view map of existing topographic contours and locations of all borings, monitoring wells, and piezometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Regional geologic cross sections depicting stratigraphy to a depth of at least 200 feet below ground surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Geologic cross sections along perimeter of the facility and along each transect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Structure and contour maps showing areal extent, depths, and thickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Scaled quarterly potentiometric surface maps, groundwater flow direction, and well-completion diagrams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Maps of groundwater monitoring zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Table of well construction details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Plan for installation of monitoring wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Background data and monitoring data from past four years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Detection Monitoring Sampling and Analysis Plan (SAP), Assessment Monitoring SAP, and/or Corrective Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Capacity Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Environmental Assessment Statement (IT Questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58				
59				