##  (800) 641-9222



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| Transfer Station Questionnaire |

Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of transfer station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of transfer station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number at site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax number at site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has the station been in operation? \_\_\_\_\_\_\_ Transfer Station Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State DEP/DNR/DEQ Inspector’s Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Bond Information |

*Please fill in the following information:*

|  |  |  |
| --- | --- | --- |
|  | Closure | Post-Closure |
| Amount of the bond required for: |  |  |
| Do you currently have a fund set up for: |  Yes No |  Yes No |
| If yes, amount on deposit in the fund for: |  |  |

Facility footprint is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acres.

Permit allows \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount of waste to be accepted in each \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ period.

Facility disposes of waste stream by the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Land is owned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate below the values shown on your most current financial statement for the particular site in question:

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| --- |
| Book Value per Statement |
| Land Acquisition | $ | Closure Reserve | $ |
| + Development Cost | $ | + Post-closure Reserve | $ |
| - Accumulated Depr. | $ | = Total Reserve | $ |
| = Book Value | $ | Net Stated Value | $ |

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| The statements made in this questionnaire are in all respects true and accurate under penalty of fraud. |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Technical Site Information**

Type of waste: \_\_\_ Residential \_\_\_Construction \_\_\_Commercial \_\_\_Industrial \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the facility ever been cited for receiving hazardous waste? \_\_\_Yes \_\_\_ No

Is the facility authorized to receive hazardous waste? \_\_\_Yes \_\_\_ No

Is the facility located in a sand or gravel pit? \_\_\_Yes \_\_\_ No

Is the facility located in a limestone or sandstone quarry? \_\_\_Yes \_\_\_ No

Is the facility located in a: national park or recreation area? \_\_\_Yes \_\_\_ No

 state park or state purchase area? \_\_\_Yes \_\_\_ No

Is the facility located within the surface or subsurface area surrounding a public water

supply well through which contaminants may move toward and may reach the public

water supply? \_\_\_Yes \_\_\_ No

Is the facility located above an aquifer? \_\_\_Yes \_\_\_ No

If yes, is the aquifer declared by the Federal Government under the “Safe Drinking Water

Act” to be a sole source aquifer? \_\_\_Yes \_\_\_ No

Are the limits of solid waste placement located within one thousand feet of:

1. an area designated by a state department of natural resources as a state nature

preserve, state wildlife area, or state scenic river? \_\_\_Yes \_\_\_ No

1. an area designated by the United States Department of Interior as either a

National Wildlife Refuge or a National Scenic River? \_\_\_Yes \_\_\_ No

1. stream areas designated by a state EPA as either a state water resource, a

coldwater habitat, or an exceptional warm water habitat? \_\_\_Yes \_\_\_ No

Is the facility located within two hundred feet of a fault that has had displacement? \_\_\_Yes \_\_\_ No

Is the facility located within an area of potential subsidence due to an underground

mine in existence? \_\_\_Yes \_\_\_ No

Is the facility located above an unconsolidated aquifer capable of sustaining a yield of

one hundred gallons per minute for a twenty-four hour period to a water supply located

within one thousand feet of the limits of the facility? \_\_\_Yes \_\_\_ No

Is the facility or leachate management system located in a regulatory floodplain? \_\_\_Yes \_\_\_ No

Is the placement of waste located within five hundred feet of domicile? \_\_\_Yes \_\_\_ No

 If yes, has the owner consented in writing to the location of the facility? \_\_\_Yes \_\_\_ No

Is the facility located within two hundred feet of a stream, lake, or natural wetland? \_\_\_Yes \_\_\_ No

Does the ground water monitoring program meet all existing state and Federal

regulations? \_\_\_Yes \_\_\_ No

Is there any action being taken by any regulating authority to cancel or in any way limit

the current or permitted uses of the facility? \_\_\_Yes \_\_\_ No

Is the facility located within a wetland area? \_\_\_Yes \_\_\_ No

Is there any existing contamination of soil or water? \_\_\_Yes \_\_\_ No

 If yes, please describe by attachment.

Is there an airport within ten thousand feet of the waste boundary? \_\_\_Yes \_\_\_ No

Have you received any notices of violations from the state or Federal government? \_\_\_Yes \_\_\_ No

 If yes, please list all such violations on a separate attachment, indicating date,

agency, nature of violation, disposition and date of disposition, including fines, if

any and status of outstanding violations.

Do you have a written procedure to prevent the receipt of hazardous waste? \_\_\_Yes \_\_\_ No

 If yes, please provide a copy by attachment.