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| **ADEC logo.png** | **US Air Force Long Range Radar Sites**  **General Permit Application**  **Alaska Department of Environmental Conservation**  **Solid Waste Program** | **ADEC Office Only:**  Landfill Name:    Authorization #: |

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| **Instructions** |
| This application is for coverage under the Statewide General Permit for solid waste disposal for US Air Force Long Range Radar Sites (LRRS) with no more than 50 year-round residents. |
| In the application, the term **“facility”** refers to all land, structures, other appurtenances, and improvements on land used for treatment, storage, or disposal of solid waste. |
| This permit allows for the disposal of incinerated domestic solid waste, inert waste, septage or sewage solids, and regulated asbestos-containing material (RACM). |
| This authorization for permit coverage will only be issued under the following conditions:   * Waste must be generated at a LRRS with no more than 50 year-round residents. * Disposed waste must consist solely of incinerated domestic solid waste, inert waste, septage or sewage solids, and RACM. * Annual volume of waste may not exceed 50 cubic yards of ash from incinerated domestic waste, 1,000 cubic yards of inert waste, 8,000 gallons of septage or sewage solids, and 100 cubic yards of RACM. (Additional amounts of RACM may be disposed upon written approval from DEC.) * The LRRS must be located in a remote area with no year-round ground access to a system of connected roads with a total length of 100 miles or more **OR** all permitted landfills are more than 100 road miles away or have refused, in writing, to accept the waste. |
| If these conditions do not apply, you may apply for a Class III Camp Landfill permit or the waste must be disposed in an existing permitted landfill. |
| If a required item is not applicable, please explain why. Please number and identify any applicable attachments.  Where information can be filled in, the text box should expand as needed to fit the response. Click on the grey box (appears when you hover over or click in the space) to enter text. |

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| **Section 1. Property Information** | | | | | | |
| Facility Name: | | | | | | |
| Nearest Community: | | | | | | |
| Legal Property Description: | | | | | | |
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| Section: | Township: | Range: | | Meridian: | | |
| General Property Description: | | | | | | |
|  | | | | | | |
| Latitude: | | | Longitude: | | | |
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| Landowner: | | | Contact Name: | | | |
| Address: | | | City: | | State: | Zip: |
| Email: | | | Phone: | | | |

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| **Section 2. Contact Information** | | | | | |
| **Permit Applicant** (Co. or Entity)**:** | | | | | |
| Contact Name: | | | | | |
| Address: | | | City: | State: | Zip: |
| Email: | | | Phone: | | |
| Type of Entity: | Government | Corporation | Other: | | |
| State of Incorporation or Registration: | | | Alaska Business License Number: | | |
| IRS Tax ID Number: | | |  | | |
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| **Facility Owner** (if different than applicant)**:** | | | | | |
| Contact Name: | | | | | |
| Address: | | | City: | State: | Zip: |
| Email: | | | Phone: | | |
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| **Facility Operator** (if different than applicant)**:** | | | | | |
| Contact Name: | | | | | |
| Address: | | | City: | State: | Zip: |
| Email: | | | Phone: | | |
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| **Agent/Consultant:** | | | | | |
| Contact Name: | | | | | |
| Address: | | | City: | State: | Zip: |
| Email: | | | Phone: | | |

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| **Section 3. Fees** |
| Submit payment payable to “State of Alaska” to cover the annual fee as listed in 18 AAC 60.700 Table E-4. If not included, the application will be returned to the applicant.  **Subsequent annual fees will be billed each calendar year until ADEC approves closure of the facility.** |

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| **Section 4. Project Overview** | | | | | |
|  | Is the facility for use at a Long-Range Radar Site operated by the US Air Force? | | | Yes | No |
|  | Number of year-round residents: | | |  | |
| 3. | Type of unit used to incinerate waste: | Burn box, cage, or barrel – Model/type: | |  | |
|  |  | Incinerator - Model: |  | | |
| 4. | Will septage or sewage solids be disposed at the facility? | | | Yes | No |
| 5. | Will RACM be disposed at the facility? | | | Yes | No |

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| **Section 5. Location Information** | | | | | | | |
|  | **Property Ownership** | | | | | | |
|  | 1. Attach a copy of the deed or another legal document that identifies the landowner. | | | | | **Att. #:** |  |
|  | Is the facility in a remote area with **no** year-round ground access to a system of connected roads with a total length of 100 miles or more? | | | | | Yes | No |
|  | Are any permitted landfills located within 100 road miles of the facility? | | | | | Yes | No |
|  | If yes, attach a copy of written refusal to accept the waste. | | | | | **Att. #:** |  |
|  | **Maps**  Attach updated maps and/or aerial photographs as needed to show the following:  (each map may show more than one of the required items: property boundaries, disposal areas, etc.) | | | | | | |
|  | 1. Location of the facility property boundary. | | | | | **Att. #:** |  |
|  | 1. All planned disposal locations (must be at least 50 feet from the property boundary). | | | | | **Att. #:** |  |
|  | 1. Septage trench (if applicable). | | | | | **Att. #:** |  |
|  | 1. RACM disposal cell (if applicable) | | | | | **Att. #:** |  |
|  | 1. Buildings and structures | | | | | **Att. #:** |  |
|  | 1. Location of burn unit or incinerator | | | | | **Att. #:** |  |
|  | 1. Roads, ditches, berms, fences, or other features | | | | | **Att. #:** |  |
|  | 1. Location and flow direction of all surface water bodies, streams, and containment or diversion structures within 500 feet of the facility property boundary. | | | | | **Att. #:** |  |
|  | 1. Location of all drinking water sources within one-half mile of the facility property boundary. There should be no drinking water sources within 500 feet of the facility property boundary. | | | | | **Att. #:** |  |
|  | 1. Location of any wetlands within 500 feet of the facility property boundary. | | | | | **Att. #:** |  |
|  | 1. Location of permafrost or discontinuous permafrost within 500 feet of the facility property boundary. | | | | | **Att. #:** |  |
|  | 1. Location of any 100-year floodplain in the area. | | | | | **Att. #:** |  |
|  | 1. Location of any documented earthquake faults or unstable areas within 200 feet of the facility property boundary. | | | | | **Att. #:** |  |
|  | **Surface Water Information** | | | | | | |
|  | 1. Distance to nearest surface water body: | |  | | feet | | |
|  | 1. Describe how surface water and/or storm water will be prevented from entering the disposal cell(s). | | | | | | |
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|  | **Groundwater Information** | | | | | | |
|  | 1. Distance to Groundwater: |  | | feet below ground surface | | | |
|  | 1. Describe or attach information documenting how the groundwater level at the facility was determined. | | | | | | |
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| **Section 6. Operations Information** | | | | | | |
|  | **Access Control** | | | | | |
|  | 1. Describe how public access to the facility will be restricted. | | | | | |
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| 2. | **Waste Handling -** Domestic waste and food garbage must be incinerated prior to disposal. | | | | | |
|  | 1. List any wastes that will be stored onsite to be shipped to another facility for processing or disposal. | | | | | |
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|  | 1. Describe how burnable and non-burnable waste will be separated. | | | | | |
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|  | 1. Describe the operation of the burn unit | | | | | |
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|  | 1. Describe how non-burnable waste and ash from burnable waste will be disposed. | | | | | |
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| 3. | **Septage** (if applicable) | | | | | |
|  | 1. Describe how septage trench will be constructed and operated. Include a description of how lime will be added and septage tested to ensure it meets a pH of 12. Please indicate “N/A” if no septage will be disposed. | | | | | |
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| 4. | **RACM/non-RACM Handling** (if applicable) | | | | | |
|  | 1. Describe how RACM will be contained and labeled. | | | | | |
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|  | 1. Describe how RACM and non-RACM waste will be handled and placed in the facility to prevent release of fibers | | | | | |
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|  | 1. You must maintain a map or diagram showing the boundaries of the asbestos waste area, depth, and quantity of waste disposed. | | | | | |
| 5. | **Landfill Cover** | | | | | |
|  | 1. Six inches of soil cover must be applied to the waste at least once each week. | | | | | Understood |
|  | 1. RACM & non-RACM must be covered at the end of each working day. | | | | | Understood |
|  | 1. Where will cover material be obtained? | |  | | | |
|  | 1. Where will cover material be stored? | |  | | | |
|  | 1. At least 12 inches of interim cover must be applied to the solid waste cell, the septage trench, and the RACM cell at the end of the working season. | | | | Understood  NA – operate year-round | |
| 6. | **Operating Record** | | | | | |
|  | For each of the following records, list the individual responsible for maintaining the record and the location where each of the records will be kept. Note, the records must be retained for at least 5 years beyond the closure date of the facility. | | | | | |
|  | **Record** | **Record Keeper** | | **Record Location** | | |
|  | Copy of the complete application |  | |  | | |
|  | Copy of the ADEC authorization |  | |  | | |
|  | RACM Maps |  | |  | | |
|  | Visual monitoring records |  | |  | | |

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| **Section 7. Facility Closure** | | | | | |
| 1. | Describe the steps necessary to close the facility and attach a timeline of closure activities, including: | | | | |
|  | 1. Identify the source and expected volume of the cover materials: | | | | |
|  | **Material** | **Volume** | **Source** | | |
|  | 18” Clean fill soil |  |  | | |
|  | 6” of topsoil or other growth media |  |  | | |
|  | 1. Describe how the cover will be graded to promote surface water runoff and prevent ponding. | | | | |
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|  | 1. List the plant species that will be used for revegetation of the site, as recommended by the Alaska Plant Material Center (907-745-4469), or describe other revegetation plans. | | | | |
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|  | 1. Describe (or show on a map) the location and process for installation of four permanent markers, one at each of the corners of the disposal cell. | | | | |
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| 2. | Attach conceptual closure drawings that show: | | | | |
|  | 1. Projected final site grades after the disposal site reaches capacity. | | | **Att. #:** |  |
|  | 1. Final cover details. | | | **Att. #:** |  |

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| **Section 8. Specific Conditions**  Your signature below indicates that you agree to each of the following conditions regarding construction, operations, closure, and post closure care of the facility. | |
|  | Local ordinances and requirements will be adhered to in construction and operations of the facility. |
|  | Waste disposed will be limited to domestic waste ash, inert waste, septage or sewage solids, and RACM will be disposed at this site. Other types of waste are prohibited. |
|  | No more than 50 cubic yards of ash, 1000 cubic yards of inert waste, 5,000 gallons of septage, and 100 cubic yards of RACM will be disposed at this site each year. |
|  | All combustible waste will be thoroughly burned prior to disposal. |
|  | At least 6 inches of soil will be applied to the waste as cover at least once each week during the active season. 12 inches of soil will be applied as interim cover at the end of each season. |
|  | Septage will be disposed in a trench separate from other wastes, treated with lime, and covered as required in the permit. |
|  | Improper or unauthorized waste disposal or spills will be cleaned up immediately. |
|  | Any violations of regulations or conditions of the authorization will be addressed immediately and reported to ADEC as appropriate. |
|  | Each calendar year, before December 31, a brief report will be submitted to DEC on the current status of the facility as outlined in the permit. |
|  | Closure of the facility will begin no later than 60 days after the last waste is deposited. |
|  | A closure report will be submitted to ADEC for approval within **120 days** of final waste placement. The report will include:   * An updated survey or facility record drawings showing the boundaries of the disposal cell; * Documentation of the depth and volume of waste deposited; * Documentation that the required notation has been made to the property deed; and, * Photos showing the integrity of the final cover. |
|  | Annual fees for the facility will be paid until the closure report has been submitted and approved by ADEC. |
|  | The cover of this disposal site will be corrected or repaired, at any time after facility closure is approved, if ADEC determines that there is a threat to human health or the environment. |

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| **Section 9. Signature** | | |
| **I certify, under penalty of perjury, that all of the information and exhibits in this application are true, accurate, and complete and I agree to the specific conditions above.** | | |
| Printed Name: | Title: | |
| Signature: | | Date: |
|  | | |
| All applications must be signed as follows per 18 AAC 15.030:   * **Corporations:** A principal executive officer, an officer that is no lower than the level of vice president, or a duly authorized representative who is responsible for the overall management of the project or operation. * **Municipal, state, federal, or other public entity:** A principal executive officer, ranking elected official, or duly authorized employee. * **Partnerships:** A general partner. * **Sole proprietorship:** The proprietor. | | |