



Department of Environmental Conservation
 Waste Management & Prevention Division
 1 National Life Drive, Davis 1
 Montpelier, VT 05620-3704
 Tel: (802) 828-1138

STORAGE, TRANSFER, AND RECYCLING FACILITY RECERTIFICATION Application Form

Date: _____

1. FACILITY, FACILITY OWNER, FACILITY OPERATOR, AND CONTACT PERSON INFORMATION

➤ Facility Name

Facility Name:	
Facility Address (911 address):	
Facility State:	Facility zip code:
Telephone #:()	Facility email:

➤ Facility Owner

Facility Name:	
Facility Owner's Address (911 address):	
Facility Owner's City, State and Zip code:	
Telephone #:()	Facility Owner's email:
Facility Owner's Signature: _____	

➤ Facility Operator

Facility Operator Name:	
Facility Operator's Address:	
Facility Operator's City, State ZIP Code	
Telephone #:()	Facility Operator's Email:

➤ Primary Contact Person

Primary Contact Person's Name:	
Primary Contact Person's Address:	
Primary Contact Person's City, State ZIP Code:	
Primary Contact Person's Telephone #	Primary Contact Person's Email:

2. PERSON WHO PREPARED THE APPLICATION

Name:

Address:

City, State ZIP Code

Telephone #:()

Facility Operator's Email:

Signature: _____

3. LANDOWNERSHIP

a) If you own the property on which the facility is located, indicate the Book and Page where the deed is recorded:

Book:

Page:

Attach a copy of the deed to the application.

b) If the landowner has granted to you an unencumbered right to possession of the property to be used for the facility, attach a statement from the landowner.

c) If you lease the property to be used for the facility, the landowner must sign below.

Landowner:

Landowner's Mailing Address:

Landowner's Telephone #:

Term of Lease:

Landowner's Signature: _____

4. FACILITY LOCATION

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

GPS:

Latitude:

Longitude:

Span#:

5. LIST OF OPERATIONAL UNITS AT THIS FACILITY

Include all solid waste activities that are anticipated at this facility over the term of certification. Please note that in accordance with Act 148 (effective July 1, 2012) all solid waste management facilities that collect municipal solid waste are required to offer parallel collection of:

<input type="checkbox"/> Commercial loads	<input type="checkbox"/> Residential loads
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- Mandated recyclables by July 1, 2014
- Leaf and yard debris by July 1, 2015, and
- Food residuals by July 1, 2017

All facilities that collect MSW shall include these mandated units in this application and include the management of these materials in the facility management plan, closure costs and plan contingency plan.

• Municipal Solid Waste	• Food waste, yard waste, and clean wood waste.	• Recyclables comingled
• Cardboard	• E-waste	• Construction Demolition

6. DAYS AND HOURS OF FACILITY OPERATION

Days:		Hours:	
Days:		Hours:	
Days:		Hours:	
Days:		Hours:	
Days:		Hours:	
Days:		Hours:	
Days:		Hours:	

7. TYPES AND AMOUNTS OF MATERIALS HANDLED AT THE FACILITY

A. Materials to be Transferred for Disposal at the Facility:

1. **Growth Capacity.** This is the maximum amount of solid waste which you are applying to manage at the facility, on an annual basis, over the term of certification. Permits are issued for the operating capacity (see below). Once permitted, increasing the tonnage from the operating to the growth capacity will only require the applicant request an administrative amendment from the Solid Waste Management Program and include a check for the difference in the application fees.

Material Type	Annual Amount Accepted	Max. Amount Accepted per Day	Max. Amount Stored on Site

Please note: that in accordance with Act 148 (effective July 1, 2012) all solid waste management facilities that collect municipal solid waste are required to offer parallel collection of leaf and yard wastes by July 1, 2015 and food residuals by July 1, 2017. All facilities shall include these operation tons/units in this application, and include the management of these materials in the facility management plan, closure costs, and contingency plan.

Composted Organic Materials	Annual Amount of Tons/Units Accepted	Max. Amount Tons/Units Stored on site

D. Categorical Disposal.

One or more of the wastes identified in §6-309 of the Rules will be disposed at this facility.

Yes No - I have enclosed a completed categorical disposal facility certification application form and application fee (check enclosed).

8. NOTIFICATIONS

A. Conditionally Exempt Generator (CEG) Notification

1. CEG - generated hazardous waste will be accepted at this facility.

Yes No - I have filed a Vermont Hazardous Waste Handler Site ID Form on ____/____/20__ (date filed).

2. Yes No - I have filed an updated Vermont Hazardous Waste Handler Site ID Form due to changes in either the type or amount of hazardous waste generated, or the facility owner/operator, or facility contact information on ____/____/20__ (date filed).

B. Used Oil Collection Facility Notification

1. Used Oil will be accepted at this facility.

Yes No - I have filed a Vermont Hazardous Waste Handler Site ID form on ____/____/20__ (date filed).

9. LIQUID COLLECTION AND TREATMENT

Is there a tipping floor? Yes No

If yes:

A. Leachate will be disposed in the _____ Wastewater Treatment Facility located in _____ (City/Town), in _____ (State). For facilities located in Vermont I have contacted the Wastewater Management Division concerning the need for a permit or other authorization need on ____/____/20__ (date).

B. Attach engineer’s certification of tipping floor, leachate collection, and tank integrity.

C. Include a contingency plan for the continued operation of the facility should the tipping floor need to be temporarily shut down for repairs or replacement.

10. SITING

Is the waste management boundary of the facility located:

	YES	NO
In a class I or II groundwater area	<input type="checkbox"/>	<input type="checkbox"/>
In a class I or II wetlands or associated buffers (If yes, attach conditional use determination.)	<input type="checkbox"/>	<input type="checkbox"/>

In a class III wetlands (If yes, attach water quality certification.)	<input type="checkbox"/>	<input type="checkbox"/>
In a designated habitat area for threatened or endangered species	<input type="checkbox"/>	<input type="checkbox"/>
In a watershed for class A waters	<input type="checkbox"/>	<input type="checkbox"/>
Within 500' of designated outstanding resources waters	<input type="checkbox"/>	<input type="checkbox"/>
Less than 100' to a drinking water source not owned by the applicant (If yes, was the facility constructed before 7/1/98?)	<input type="checkbox"/>	<input type="checkbox"/>
Less than 50' to the property line. (If yes, was the facility constructed before 7/1/98?)	<input type="checkbox"/>	<input type="checkbox"/>
Less than 100' to residences, schools, daycares, hospitals, or nursing homes not owned by the applicant. (If yes, was the facility constructed before 10/1/04?)	<input type="checkbox"/>	<input type="checkbox"/>

11. APPLICATION FEE SUBMITTED WITH THE APPLICATION

A check for the application fee of \$_____ (fee amount) is enclosed. Show your calculations for the fee amount. *Make the check payable to: Treasurer, State of Vermont.*

12. CERTIFICATION OF COMPLIANCE WITH THE RULES

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

A. Professional Engineer Certification.

To the best of my information, knowledge, and belief, this application is in compliance with all applicable standards contained or referenced in the Vermont Solid Waste Management Rules (eff. 3/15/12).

Engineer Name: _____ (Please print or type)	License #: _____
Engineer Signature: _____	Date: ____/____/20____

B. Applicant Certification

To the best of my information, knowledge, and belief, this application is in compliance with all applicable standards contained or referenced in the Vermont Solid Waste Management Rules (eff. 3/15/12).

Applicant Signature: _____	Date: ____/____/20____
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13. APPLICATION DOCUMENTS

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

- Property deed: Copy attached, or if submitted with a previous application so indicated on this form.
- Unencumbered Right to Possession of Property: A statement from the landowner conveying to you an unencumbered right to possession of the property to be used for the facility, or if submitted with a previous application so dedicated on this form.
- Completed Categorical Certification Application Forms for Composting or Disposal Operational Units as appropriate.
- Description of Exempt Composting Activity, if appropriate.
- Orthophoto Tax Map: If appropriate, a copy which clearly show the property to be used for the facility.
- Application Fee: Check attached
- P.E. Waiver: If appropriate, a request for a waiver from the requirement for a P.E. to prepare the application.
- Plan for Public Notice of the Application:
- Notice to Municipality: Information which demonstrates compliance with the requirements of 10 V.S.A. §6605(f).
- Planning Requirements: Information which demonstrates compliance with the planning requirements of Subchapter 5 of the Rules §6605(c).
- Siting Requirements: Information which demonstrates compliance with the siting requirements of Subchapter 5 of the Rules.
- Facility Management Plan which complies with the requirements of §6-1202 of the Rules.
- P.E. Waiver: If appropriate, a request for a waiver from the requirement for a P.E. to prepare the facility management plan.
- Facility site and engineering plans with the waste management boundary indicated.
- Facility closure plan and closure cost estimates.
- Plan for financial responsibility, or financial capability.
- Background Disclosure Statements: Completed forms attached.