



**DIVISION OF SOLID AND INFECTIOUS
WASTE MANAGEMENT**

Scrap Tire Monofills and Submergence Facilities

The information requested by this attachment is not required by rule, however it is useful to permit reviewers and the general public.

Multimedia Information, check all that apply:

Division of Surface Water

Current NPDES Permit

Permit Number _____

Date Issued _____

Leachate discharge to public sewer	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
On-Site Leachate Treatment	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
On-site Sanitary Treatment	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Waste Solidification	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Sedimentation Basin	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Holding Tank	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Stream Relocation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Spillway Relocation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
New Outfall	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Headwater Removal	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
401 Certification					
Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
404 Permit					
Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Isolated Wetland Permit					
Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____

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date

Division of Air Pollution Control

Current DAPC Permit

Permit Number _____

Date Issued _____

New/Revised DAPC permit application

Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Active Gas Extraction	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Flare	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Rail Spur	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Additional Storage Piles	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Additional Haul Roads	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Waste Relocation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Type of Daily Cover	_____				
Dust Suppressant Used	_____				

Other Permits

Permit	Local, State, or Federal Office	Date Submitted	Date Issued

Other Licenses

License	Local, State, or Federal Office	Date Submitted	Date Issued

Other Plan Approvals

Plan	Local, State, or Federal Office	Date Submitted	Date Issued

Other Authorizations

Authorization	Local, State, or Federal Office	Date Submitted	Date Issued

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Additional Information

1. Please indicate the reason for this application (check all that apply).

<input type="checkbox"/>	New Facility	<input type="checkbox"/>	Design Modification
<input type="checkbox"/>	Lateral Expansion	<input type="checkbox"/>	Call-In, ORC 3734.05(A)(5)
<input type="checkbox"/>	Vertical Expansion	<input type="checkbox"/>	Operational Modification
<input type="checkbox"/>	AMDWR Change	<input type="checkbox"/>	Call-In, ORC 3734.05(A)(3) or (4)

2. Please identify the licensing authority (Ohio EPA or local health department, if approved).

Licensing Authority: _____

3. Please state the name of the uppermost aquifer system below the limits of waste and the minimum distance between the uppermost aquifer system and the bottom of the liner system. (If there is more than one, then list all of them.)

Name of Aquifer System	Distance from liner to Aquifer System

4. Please list all variances and exemptions, pursuant to OAC 3745-27-03, requested in the permit application:

Variance/Exemption: _____

Variance/Exemption: _____

Variance/Exemption: _____

Variance/Exemption: _____

5. Please list all alternatives, where allowed by rule, requested in the permit application:

Alternative: _____

Alternative: _____

Alternative: _____

Alternative: _____

6. Please state the acreage of the property where the facility will be located, and how much of this property is owned, leased, and not currently owned or leased, by the applicant.

<input type="text"/>	Total Facility Area (acres)
<input type="text"/>	Total Area Owned (acres)
<input type="text"/>	Total Area Leased (acres)
<input type="text"/>	Total Other (acres) Explain: _____

7. Please state the acreage of the facility within the storage/recovery limits, and how many acres were previously approved, currently filled, and proposed to be filled as part of this application.

<input type="text"/>	Total Area Within the Storage or Recovery Limits (acres)
<input type="text"/>	Area Previously Approved (acres)
<input type="text"/>	Area Currently Filled (acres)
<input type="text"/>	New Area Added (or Subtracted) by this Permit (acres)

8. Please state the volume of the landfill in cubic yards, and how much of this volume is previously approved, currently filled, and proposed as part of this application.

<input type="text"/>	Total Volume (cubic yards)
<input type="text"/>	Volume Previously Approved (cubic yards)
<input type="text"/>	Volume Currently Filled (cubic yards)
<input type="text"/>	New Volume Proposed by This Permit (cubic yards) <small>This figure should be the same used to calculate the permit fee as per ORC 3745.11(Q)</small>

9. Please state the authorized maximum daily waste receipt(s) (AMDWR) requested for this facility and the anticipated daily waste receipt.

<input type="text"/>	AMDWR (tons)	<input type="text"/>	Anticipated Daily Scrap Tire Receipt (tons)
<input type="text"/>	Current AMDWR (tons), if any		

10. If the facility is a proposed new site, expansion, or AMDWR change, please state the life expectancy of the facility based on the total volume using the AMDWR and anticipated daily waste receipt if this application is approved.

<input type="text"/>	Life Expectancy Using the AMDWR (years)
<input type="text"/>	Life Expectancy Using the Anticipated Daily Waste Receipt (years)

Closure Cost Estimate

	Total Closure Cost Estimate
	Worst Case Acreage

Description of when worst case occurs: _____

CY = Cubic Yards SF = Square Foot LF = Linear Foot EA = Each LS = Lump Sum

I Ground Water Monitoring Wells				
	Item Description	Quantity	Unit Cost	Item Cost
a	Ground Water Monitoring Well Installation and Development (EA)		\$	\$
b	Ground Water Monitoring Well Repair and Replacement (EA)		\$	\$
c			\$	\$
<i>Subtotal for Ground Water Monitoring Wells</i>				\$

II Fill and Grade (for premature closure)				
	Item Description	Quantity	Unit Cost	Item Cost
a	Mobilization / Demobilization (LS)			\$
b	Soil (CY**)		\$	\$
c	Excavation (CY)		\$	\$
d	Placement/ Spreading (CY)		\$	\$
e	Compaction (CY)		\$	\$
f	Transportation cost of materials (CY) (transport radius: _____)		\$	\$
g	Materials Testing (LS) (field and lab)			\$
h	Surveying (LS)			\$
i	QA/QC (LS)			\$
j			\$	\$
<i>Subtotal for Slope and Fill</i>				\$

** Note that the actual surface area may be significantly larger than the plan area depicted in the authorizing document. In addition, the volume of soil once compacted, may be different than the volume excavated.

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III	Cap System Components Not applicable to submergence facilities.			
	Item Description**	Quantity	Unit Cost	Item Cost
a	Gas Collection Layer (CY or SF)		\$	\$
b	Sub-Base Layer (CY)		\$	\$
c	Engineered Barrier Layer (CY)		\$	\$
d	Geosynthetic Clay Liner (SF)		\$	\$
e	Flexible Membrane Liner (FML) (SF)		\$	\$
f	Drainage Layer (CY or SF)		\$	\$
g	Freeze Thaw Protection Layer (CY)		\$	\$
h	Vegetative Layer (CY)		\$	\$
i	Surface Water Control System (on the cap) (LS)			\$
j	Mobilization/Demobilization for Earthwork (LS)			\$
k	Mobilization/Demobilization for Geosynthetics (LS)			\$
l	Temporary Erosion Control: Silt Fences (LF) Straw Bales (EA) Other Erosion Control		\$ \$ \$	\$ \$ \$
m			\$	\$
<i>Subtotal Cap System Components</i>				\$

** Note that the actual surface area may be significantly larger than the plan area depicted in the authorizing document. In addition, the volume of soil, once compacted, may be different than the volume excavated.

IV	Permanent Surface Water Structures (outside limits of waste placement)		
	Item Description		Item Cost
a	Surface Water Control Structures		\$
b	Surface Water Conveyance Structures		\$
c	Mobilization/Demobilization		\$
d			\$
<i>Subtotal Permanent Surface Water Structures</i>			\$

V	Access Control			
	Item Description	Quantity	Unit Cost	Item Cost
a	Fencing (LF)		\$	\$
b	Gate (EA)		\$	\$
c	Sign (EA)		\$	\$
d			\$	\$
<i>Subtotal Access Control</i>				\$

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VI Engineering (QA/QC)				
	Item Description	Quantity	Unit Cost	Item Cost
a	Revisions to Closure Plan Report (LS)			\$
b	Certified engineering designs and calculations for construction (LS)			\$
c	Surveying (Acre)		\$	\$
d	Benchmark Installation (EA)		\$	\$
e	Benchmark Survey (EA)		\$	\$
f			\$	\$
<i>Subtotal Engineering</i>				\$

VII Other Costs List all other costs not included in other sections				
	Item Description	Quantity	Unit Cost	Item Cost
a	Environmental Monitoring (LS)			\$
b	Utilities (LS)			\$
c	Restoration of Borrow Areas (Acre)		\$	\$
d	Bait for rodents, treat for other vectors (LS)			\$
e			\$	\$
<i>Subtotal Site Specific Costs</i>				\$

VIII Discharge Water Testing Applicable to submergence facilities only		
	Item Description	Item Cost
a	Cost of Testing	\$
b	Collection and Transportation of Samples	\$
c		\$
<i>Subtotal for Discharge Water Testing</i>		\$

IX Scrap Tire Removal Applicable to submergence facilities only				
	Item Description	Quantity	Unit Cost	Item Cost
a	Remove Scrap Tires (CY)		\$	\$
b	Transport Scrap Tires (CY)		\$	\$
c	Dispose Scrap Tires (CY)		\$	\$
d			\$	\$
<i>Subtotal for Scrap Tire Removal</i>				\$

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Post-Closure Care Cost Estimate. Not applicable to submergence facilities.

Total Post-Closure Care Cost Estimate

CY = Cubic Yards SF = Square Foot LF = Linear Foot EA = Each LS = Lump Sum

I Inspection and Reporting				
	Item Description	Annual Quantity	Unit Cost	Annual Cost
a	Ground Water Monitoring Report (EA)		\$	\$
b	Inspection (EA)	4	\$	\$
c	Inspection Summary (EA)	4	\$	\$
d	Annual Report (EA)	1	\$	\$
e	Other Reporting (Orders, Authorizing Documents) (EA)		\$	\$
f			\$	\$
Total Annual Cost				\$
Total Annual Cost multiplied by 15 years of post-closure care				\$
	Item Description	Item Cost		
g	Post-Closure Certification	\$		
<i>Subtotal for Inspection and Reporting</i>				\$

II Leachate Monitoring		
	Item Description	Annual Cost
a	Annual Grab Sample 3745-27-74(A)(5)(b)	\$
b	Cost of Testing for Special Constituents	\$
c	Collection and Transportation of Samples	\$
d		\$
<i>Subtotal for Leachate Monitoring (total annual cost multiplied by 15 years of post-closure care)</i>		\$

III Surface Water Monitoring		
	Item Description	Annual Cost
a	Sampling per NPDES Permit, Closure Plan, or Other Authorizing Document	\$
b	Collection and Transportation of Samples	\$
c		\$
<i>Subtotal Surface Water Monitoring (total annual cost multiplied by 15 years of post-closure care)</i>		\$

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Section IV- Cost Estimates

Attachment A3a

IV Ground Water Monitoring		
	Item Description	Annual Cost
a	Trace Metals	\$
b	Volatile and Semivolatile Organic Compounds	\$
c	General Ground Water Quality Parameters	\$
d	Alternate Parameter List (site specific)	\$
e	Assessment Monitoring Parameters	\$
f	Background Sampling (for new wells only)	\$
g	Collection and Transportation of Samples	\$
h		\$
<i>Subtotal for Ground Water Monitoring (total annual cost multiplied by 15 years of post-closure care)</i>		\$

V Operation and Maintenance of Leachate Collection and Treatment System				
	Item Description	Annual Quantity	Unit Cost	Annual Cost
a	Inspection and Flushing of Collection Pipes (LF)		\$	\$
b	Inspection and Cleaning of Sumps and Traps (EA)		\$	\$
c	Replacement of Sump pumps, piping, and instrumentation (EA)		\$	\$
d	Inspection and Cleaning of lift station(s), manhole(s), and conveyance structures (EA)		\$	\$
e	Replacement of conveyance structure pumps, piping, and instrumentation (EA)		\$	\$
f	Tanks (Spill containment repair, sealing, tank cleaning, and inspection) (EA)		\$	\$
g	Transportation Cost of Sludge Removal (CY) transportation radius: _____		\$	\$
h	Disposal Cost for Sludge Removal (CY) disposal site: _____		\$	\$
i	Characterization Cost of Sludge Removal (CY)		\$	\$
j	Off-site Disposal of Leachate (LS)			\$
k	On-site Treatment and/or Pretreatment of Leachate (LS)			\$
l			\$	\$
<i>Subtotal Operation and Maintenance of Leachate Collection and Treatment Systems (total annual cost multiplied by 15 years of post-closure care)</i>				\$

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Section IV- Cost Estimates

Attachment A3a

VI Operation and Maintenance of Ground Water Monitoring System			
	Item Description	Unit Cost	Annual Cost
a	Routine Maintenance (inspection, cleaning, repairing) (LS)		\$
b	Repair and Replacement of Monitoring Wells (LS)		\$
c		\$	\$
Total Annual Cost			\$
Total Annual Cost multiplied by 15 years of post-closure care			\$
	Item Description	Unit Cost	Item Cost
d	Abandonment at end of post-closure care period (number of wells: _____)	\$	\$
<i>Subtotal for Operations and Maintenance of Ground Water Monitoring System</i>			\$

VII Utilities for Operation					
	Item Description	Supplier	Annual Quantity	Unit Cost	Annual Cost
a	Electricity			\$	\$
b	Natural Gas			\$	\$
c	Propane			\$	\$
d				\$	\$
<i>Subtotal for Utilities for Operation (total annual cost multiplied by 15 years of post-closure care)</i>					\$

VIII Maintenance of Cover System					
	Item Description		Annual Quantity	Unit Cost	Annual Cost
a	Mowing, fertilizing, removal of trees, mulching, and seeding (EA)			\$	\$
b	Cap Repair (leachate outbreak repair, erosion rill repair, and differential settlement repair)			\$	\$
c	Maintain Grade and Erosion Repair	Minimum based on annual erosion rate		\$	\$
d	Rodent Control (Acre)			\$	\$
e				\$	\$
<i>Subtotal for Maintenance of Cover System (total annual cost multiplied by 15 years of post-closure care)</i>					\$

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IX	Operation and Maintenance of Surface Water Management System			
	Item Description	Annual Quantity	Unit Cost	Annual Cost
a	Inspection, Cleaning, and Repair of Ditches (LF)		\$	
b	Inspection, Cleaning, and Repair of Conveyance Structure (EA)		\$	
c	Inspection, Cleaning, and Repair of Sedimentation Pond (EA)		\$	
d	Inspection, Cleaning, and Repair of Spillway/Outlet (EA)		\$	
e			\$	
<i>Subtotal for Operation and Maintenance of Surface Water Management System (total annual cost multiplied by 15 years of post-closure care)</i>				\$

X	Operation and Maintenance of Access Control Structures			
	Item Description	Annual Quantity	Unit Cost	Annual Cost
a	Inspection, Repair, and Replacement of Fence (LF)		\$	\$
b	Inspection, Repair, and Replacement of Gate (EA)		\$	\$
c	Inspection, Repair, and Replacement of Sign (EA)		\$	\$
d	Maintenance of Roadways (LF)		\$	\$
e			\$	\$
<i>Subtotal for Operation and Maintenance of Access Control Structures (total annual cost multiplied by 15 years of post-closure care)</i>				\$

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