

## WASTE FACILITY SUPPLEMENT (To be attached to the Site Specific Pollution Legal Liability Application)

This supplement forms a part of the application to which it is attached.

Please complete a copy of this supplement	ent for each applicable location for which you are seeking coverag	e.	
DATE:	E: FACILITY ID#:		
APPLICANT: ADDRESS:			
FACILITY NAME:			
Does this site treat, process, so If yes, please show percentage of each type	separate or recycle any of the following?		
Glass	Household GarbageHousehol	d Hazardous Waste	
Plastic	Appliance	Appliances	
Aluminum	Oil / Oil FiltersCommerc	cial Solid Waste	
Paper	Fluorescent LightsOther (lis	t below)	
Is the entrance controlled who Do you allow the general put		□ No	

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Do you have a landfill on site? ☐ Yes ☐ No			
If yes, please complete the following: (use additional sheets if necessary.)			
Please indicate the following acreage:			
Total Acres: Active Landfill: Closed Landfill: Vacant Land:			
Does the facility have a valid permit to accept the type of waste being handled? $\Box$ Yes $\Box$ No If yes, please attach a copy.			
Describe the type of waste collected:			
Is the landfill lined? ☐ Yes ☐ No			
Type of Liner:			
Material:			
Thickness:			
Do you have a leachate collection system in place? ☐ Yes ☐ No			
Any hazardous or medical waste accepted? ☐ Yes ☐ No			
Is there any burning of rubbish or other materials allowed at the site? ☐ Yes ☐ No			
Is the landfill fenced and locked to prevent trespassing while closed? ☐ Yes ☐ No			
Is the entrance controlled while open for business? ☐ Yes ☐ No			
Are there any closed or abandoned waste disposal areas on the site? ☐ Yes ☐ No			
If yes, please describe all such areas including size, materials accepted, age, and status of any cleanup or regulatory involvement with the closure.			
Are there any sensitive environments within 1 mile of the site (ie: schools, parks, etc.) ☐ Yes ☐ No			
If yes, please provide complete details.			
Are there any groundwater monitoring wells located on or adjacent to the site?			
If yes, please provide the most recent testing results.  Please identify all nearby drinking water wells and approximate distance:			
Please identity all flearby difficility water wells and approximate distance.			

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