



Solid Waste Disposal Facility Part B Application Form, DEQ Form SW PTB

Please specify, is this application for a New Facility or Part B Modification

I. FACILITY INFORMATION

A. Facility Location

Facility Name: Bristol Sanitary Landfill Permit No. SWP 498

Location Address: 2655 Valley Road

City, State, Zip: Bristol, VA 24201

Latitude: 36 Deg 36 Min 03 Sec North Longitude: 82 Deg 08 Min 42 Sec West

B. Facility Contact Information

Contact Person: Michael Martin Contact Title: Administrator Manager

Contact Phone: 276-645-7380 Contact E-mail: mmartin@bristolva.org

Owner: City of Bristol Operator: Same as Owner

Mailing Address: 300 Lee Street Mailing Address: Same as Owner

City, State, Zip: Bristol, VA 24201 City, State, Zip: Bristol, VA 24201

II. OPERATIONAL INFORMATION

A. Solid Waste Disposal Facility Information

Facility Type: Sanitary Landfill If other, specify: _____

Total Property Acreage: 234.2 acres Facility Boundary: 183 acres

Disposal Unit Boundary Acreage: 18.9 acres Total Capacity: 1,199,224 cubic yards

Daily Disposal Limit: N/A tons/day Estimated Site Life: 0 years

Hours of Operation: Monday - Friday 7 a.m. to 4 p.m. No active acceptance of waste. Facility mining has ceased.

B. Types of Wastes to Accepted (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Agricultural Waste | <input type="checkbox"/> Debris Waste | <input type="checkbox"/> Municipal Solid Waste |
| <input type="checkbox"/> Animal Carcasses | <input type="checkbox"/> Demolition Waste | <input type="checkbox"/> Scrap Metal |
| <input type="checkbox"/> Asbestos, friable | <input type="checkbox"/> Fossil Fuel Combustion Products | <input type="checkbox"/> Single Stream Recyclables |
| <input type="checkbox"/> Asbestos, non-friable | <input type="checkbox"/> Household Hazardous Waste | <input type="checkbox"/> Sludge, industrial |
| <input type="checkbox"/> Ash, non CCB/FFCP | <input type="checkbox"/> Household Waste | <input type="checkbox"/> Sludge, POTW |
| <input type="checkbox"/> Coal Combustion Residuals (CCR) | <input type="checkbox"/> Industrial Waste | <input type="checkbox"/> Vegetative Waste |
| <input type="checkbox"/> Commercial Waste | <input type="checkbox"/> Institutional Waste | <input type="checkbox"/> Waste Tires, Storage: _____ cy |
| <input type="checkbox"/> Construction Waste | <input type="checkbox"/> Liquid Waste | <input type="checkbox"/> White Goods |
| <input type="checkbox"/> Contaminated Soil | | |
| <input type="checkbox"/> Other Wastes, please list: <u>NO ACTIVE ACCEPTANCE OF WASTE. FACILITY MINING HAS CEASED.</u> | | |

C. Alternate Cover Materials

Does this facility use or propose to use alternate cover materials? Yes No

If yes list material(s): _____

D. Solid Waste Management Activities (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Convenience Center | <input type="checkbox"/> Landfill Mining | <input type="checkbox"/> Open Burning |
| <input type="checkbox"/> Household Hazardous Waste Collection | <input type="checkbox"/> Material Salvage | <input type="checkbox"/> Tire Processing (Chipping, Shredding, etc) |
| <input type="checkbox"/> Other, Please list: _____ | | |

III. DESIGN INFORMATION

A. Landfill Design

Sanitary Landfill Options

- Subtitle D Liner (9 VAC 20-81-130.J.1.a.)
- FML/GCL Liner (9 VAC 20-81-130.J.1.b.)
- Alternate Liner (9 VAC 20-81-130.J.1.c.)

CDD Landfill, Industrial Landfill, and Surface Impoundment Options

- | | |
|---|---|
| <input type="checkbox"/> Compacted Clay (9 VAC 20-81-130.J.2.a.) | <input type="checkbox"/> Double Liner (9 VAC 20-81-130.J.2.e.) |
| <input type="checkbox"/> Synthetic Liner (9 VAC 20-81-130.J.2.b.) | <input type="checkbox"/> Composite Liner (40 CFR 257.70(b)) |
| <input type="checkbox"/> Alternate Liner (9 VAC 20-81-130.J.2.c.) | <input type="checkbox"/> Alternative Composite Liner (40 CFR 257.70(c)) |
| <input type="checkbox"/> In-Place Soil (9 VAC 20-81-130.J.2.d.) | |

B. Final Cover Design

- | | |
|---|---|
| <input type="checkbox"/> Standard Final Cover (9 VAC 20-81-160.D.2.c.) | <input checked="" type="checkbox"/> Additional Alternate (9 VAC 20-81-160.D.2.f.) |
| <input type="checkbox"/> Sanitary Landfill Alternate (9 VAC 20-81-160.D.2.d.) | <input type="checkbox"/> CCR Final Cover (40 CFR 257.102(d)(3)(i)) |
| <input type="checkbox"/> CDD/Industrial Landfill Alternate (9 VAC 20-81-160.D.2.e.) | <input type="checkbox"/> CCR Alternate Final Cover (40 CFR 257.102(d)(3)(ii)) |

Professional Geologist or Professional Engineer Certification: To the best of my knowledge, information and belief, the selected landfill liner and final cover designs are, in my professional opinion, suitable for the above named facility based on site specific conditions and engineering principles. The designs proposed in the following Attachments are in compliance with applicable laws, codes, and ordinances. (Stamp, sign, and date in space to right)



C. Leachate Management (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Leachate Recirculation | <input type="checkbox"/> Transported by vehicle to offsite WWTP |
| <input checked="" type="checkbox"/> Discharged directly to WWTP | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Treated onsite and discharged | |

D. Research, Development, and Demonstration Plans

Does this application include a Research, Development, and Demonstration Plan? Yes No

If yes, please select the type of activity proposed under the RDD Plan (check all that apply):

- The addition of liquids in addition to leachate and gas condensate from the same landfill for accelerated decomposition of the waste mass.
- Allowing run-on water to flow into the landfill waste mass.
- Allowing testing of the construction and infiltration performance or alternative final cover systems.
- Other measures to be taken to enhance stabilization of the waste mass.

E. Variances

Does this application include a variance request(s) to regulatory siting requirements? Yes No

If yes, list regulatory citation(s): _____

IV. PART B APPLICATION ATTACHMENTS

The following items shall be provided as an attachment to this form and will constitute the facility's Solid Waste Part A Permit application. Please indicate whether each item is 'included' for the proposed facility or facility modification.

Solid Waste Permit Part B Application Attachments	Included?
Attachment I: Notice of Intent	<input checked="" type="checkbox"/>
Attachment II: VDOT Adequacy Report and Approval Letter (if increasing daily disposal limit)	<input type="checkbox"/>
Attachment III: Design Plans	<input type="checkbox"/>
Attachment IV: Closure Plan	<input checked="" type="checkbox"/>
Attachment V: Post-Closure Plan	<input checked="" type="checkbox"/>
Attachment VI: Design Report	<input type="checkbox"/>
Attachment VII: Construction Quality Assurance (CQA) Plan and Technical Specifications	<input checked="" type="checkbox"/>
Attachment VIII: Leachate Management Plan	<input type="checkbox"/>
Attachment IX: Landfill Gas Plans	<input type="checkbox"/>
Attachment X: Groundwater Monitoring Plan	<input type="checkbox"/>
Attachment XI: Groundwater Corrective Action Plan	<input type="checkbox"/>
Attachment XII: Financial Assurance Documentation	<input checked="" type="checkbox"/>
Attachment XIII: Special Waste Documentation	<input type="checkbox"/>
Attachment XIV: Alternate Liner Demonstration	<input type="checkbox"/>
Attachment XV: Laboratory Test Results Documenting Permeability of In-Place Soils	<input type="checkbox"/>
Attachment XVI: Alternate Final Cover Demonstration	<input type="checkbox"/>
Attachment XVII: Research, Development, and Demonstration Plan	<input type="checkbox"/>

V. PART B APPLICATION FEE

Applicants for new permits and major permit modifications must submit the applicable permit fee under the provisions of [9VAC20-90](#). The Regional Office staff can assist with determining the appropriate major modification permit fee if needed. The application fee should be submitted in the form of a check, draft, or postal money order made payable to the Treasurer of Virginia for the required Part A permit application fee. Permit application fees should be mailed to:

DEQ Accounts Receivable
P.O. Box 1104
Richmond, Virginia 23218.

Copy of the check (with account and routing numbers blacked out), draft, or postal money order is included with the permit application submitted to the DEQ Regional Office.

VI. RESPONSIBLE OFFICIAL SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete.

SIGNATURE:  DATE: 02/21/2023

NAME: Jacob Chandler

TITLE: Public Works Director

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